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ABSTRACT

This publication was written by practicing school psychologists and university trainers to aid Wisconsin's schools in their efforts to provide excellent psychological services to students, parents, and staff members. Overviews and selected papers are included in the areas of the professional development of school psychologists in Wisconsin, the roles of school psychologists in Wisconsin, special programs, and legal and ethical responsibilities. Papers included in this publication are: (1) "History of Wisconsin School Psychology" (David Moscinski); (2) "Training in School Psychology" (Cal Stoudt); (3) "Certification and Licensure" (Tom Hall); (4) "Supervision of School Psychologists" (Leonard Pennington); (5) "Continuing Professional Development" (Jerry Harper and Scott Wild); (6) "The EEN Role of Wisconsin School Psychologists" (Beth Doll); (7) "A Non-EEN Referral and Intervention Model for Wisconsin School Psychologists" (Martin Jenich); (8) "Program Evaluation and Research" (Charles Moore); (9) "Classroom Consultation" (Douglas Smith and Mark Lyon); (10) "Vocational School Psychology: Theory and Implementation" (Peter Kores); (11) "Computer Applications for School Psychologists" (William Frankenberger); (12) "Stress and School Psychological Roles" (Jerry Harper and Scott Wild); (13) "Children at Risk" (Rachel Gundersen); (14) "Suicide Prevention" (Rachel Gundersen); (15) "Gifted and Talented" (Rachel Gundersen); (16) "Teenage Parents and Pregnancy Prevention" (Rachel Gundersen); (17) "Alcohol and Other Drug Abuse" (Rachel Gundersen and Sean Mulhern); (18) "Child Abuse and Protective Behaviors" (Rachel Gundersen); (19) "Student Discipline and Truancy" (Greg Jenks); (20) "Early Childhood Programs" (Stacey McLinden and Lynn Miller); (21) "Legal Responsibilities" (Leonard Pennington); (22) "Ethical Standards" (Sean Mulhern and Beth Doll); and (23) "Minority Issues" (Beth Doll). Lists of relevant statutes and rules, traiing programs, professional organizations, publications and a selected bibliography are appended, as is the text of the National Association of School Psychologists' Standards for the Provision of School Psychological Services. (NB)

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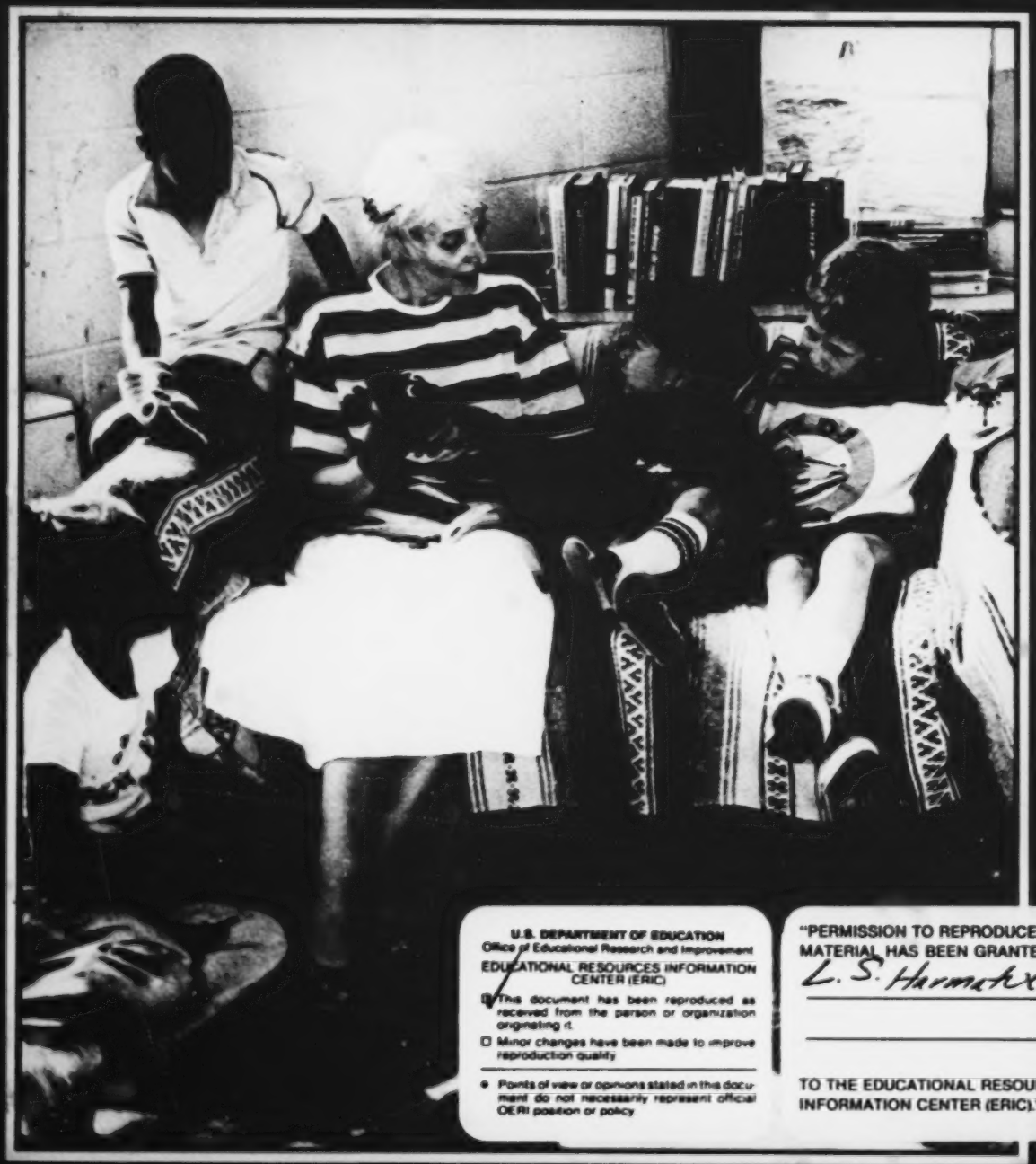

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School Psychology in Wisconsin: Programs and Practices

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Foreword

This publication was developed to provide assistance and support to Wisconsin's schools in their efforts to provide excellent psychological services to students, parents, and staff members. Practicing school psychologists and university trainers wrote this guide to reflect recent developments in the field and implications for improved practices. The department is pleased to have had the opportunity to work with the Wisconsin School Psychologists Association in making this publication possible.

School psychologists are extremely important partners in our efforts to match the curriculum to learner characteristics, enhance school climate, and coordinate the services of schools with parents, professional agencies, and employers in the community. In these efforts, school psychologists are involved in programs for children at risk, youth suicide prevention, alcohol and other drug abuse, and gifted and talented students, as well as other programs designed for special populations, such as those for children with exceptional needs.

As the reader will note, direct prevention and intervention efforts have shown considerable success with a variety of student learning and behavioral problems. For example, students who can learn how to cope with life's stressful problems in positive ways are not as apt to turn to drugs, develop eating disorders, or resort to delinquency. These are just a few of the very real pressures some of our children experience all too frequently.

School psychologists are an integral part of the pupil services team in every school district. Together with teachers and administrators, they enable our schools to provide an excellent educational experience for all of our children.

Herbert J. Grover
State Superintendent

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Introduction

School psychology is a unique educational profession. With a training that blends education and instruction with psychology and child development, the school psychologist provides a bridge between the reality of the classroom and the individuality of the growing child. The very existence of the profession bears witness to the commitment of education to remain sensitive to the child.

The school psychological services described in the following sections share the common objective of enhancing the social, emotional, and intellectual adjustment of Wisconsin's children. The material is notable not only because it reflects best practices, but because it provides accurate descriptions of how school psychology is currently practiced in Wisconsin school districts.

A novice to the state may be surprised by the range and comprehensiveness of services offered. Wisconsin school psychologists provide individual and small-group counseling to school-age children; participate in program planning and curriculum development within their school districts; conduct program evaluations and research projects that support district decisions; administer programs for the identification and support of children at risk of school failure; participate in vocational education; and more.

Indeed, Wisconsin school psychology is unique in several respects. Wisconsin public schools employ approximately one school psychologist for every 1,000 students. This is one of the lowest ratios in the nation, and allows Wisconsin school psychologists more opportunity to provide services that directly benefit children's mental health and learning. Wisconsin has nine school psychologist training programs throughout the state, which provide frequent opportunities for professional development. Additionally, Wisconsin school psychologists practice in schools that consistently rank among the best in the nation.

It is no accident, then, that more than 35 busy people set aside time to work on this publication. Some wrote sections, others reviewed the manuscript, and all contributed much time and many ideas. They are educators and psychologists who have been supported professionally by their colleagues, by the school districts they work in, by the students they work with, and by the educational policies of the state. They have been allowed to develop into premier educators. This publication documents their expertise and represents their combined effort to foster the best practices of school psychology in Wisconsin.

1

History of Wisconsin School Psychology

History of Wisconsin School Psychology
David Moscinski

History of Wisconsin School Psychology

by David Moscinski
Freedom Area School District

Overview

> "Twenty-five years ago, when school psychologists were just beginning to stake out their field, it was said that the future depended upon the quality of service given by the pioneers" (Cutts, 1955).

Wisconsin's pioneers served well. They built a strong foundation upon which school psychologists continue to stand. This section will review the accomplishments of these early school psychologists in Wisconsin and will describe the professional identity that has become the profession's legacy.

In the United States, the profession of school psychology has grown twentyfold in the past 30 years. The number of school psychologists grew from an estimated 1,000 in 1950, to approximately 20,000 nationwide by 1985. Eight states listed professional school psychology organizations in 1956. Now, 45 states list such organizations. More than 200 training programs exist nationwide to supply the increasing demand for school psychological services (Brown and Minke, 1986), and membership in the National Association of School Psychologists exceeds 10,000 (National Association of School Psychologists, 1987).

The rate at which school psychology has grown in Wisconsin is as great or greater than that in other states. The first formal meeting of a professional school psychology organization in Wisconsin took place in Milwaukee on November 1, 1956 (Varsos, 1956). Thirty-eight psychologists met and formed the Wisconsin Association of School Psychologists (WASP) which was the forerunner of the Wisconsin School Psychologists Association (WSPA). Today, more than 400 of the nearly 700 school psychologists practicing in Wisconsin belong to this association.

The Early Years

While Cutts (1955) made reference to the "pioneers" who had served since the 1930s, the history of school psychology in Wisconsin goes back even further. Arnold Lucius Gesell, who has been cited as holding the first "school psychologist" position in the nation, was born in Alma, Wisconsin, in 1880. He graduated from Stevens Point Normal School, now the University of Wisconsin (UW)-Stevens Point, in 1899 and did graduate work at Madison (Fagan, 1983). The UW-Stevens Point today offers a preschool program bearing his name.

In 1917, Elizabeth Woods became the Wisconsin public education system's first psychologist. The Legislative Act of 1917, which made specific educational provisions for mentally retarded children in Wisconsin, provided funding for Woods' position. The act defined children to be served as "exceptional persons of school age who reside in said school district." It provided a maximum of $300 in state aid for the salary of each teacher

and provided for one state supervisor to be employed by the Department of Public Instruction. The hiring of Woods established school psychology's early ties to special education programs in Wisconsin.

Woods' job description parallels the multidisciplinary team (M-team) model used today, beginning with a needs assessment of children enrolled in Wisconsin schools. (The terminology specific to definition of mental retardation and other descriptors used at that time must be taken into account when reading reports from that era.)

> The preliminary work in each school system consisted in obtaining lists of those children who fell into one or more of these three classes: (1) repeaters of two or more grades, without obvious reason other than defective mentality; (2) children showing age-grade retardation of two or more years (calling seven years normal for first graders; eight years for second grade, etc.); (3) 'problem cases,' whose behavior caused superintendent, principal, or teacher to question the child's mental normality. Where the lists submitted in a school were so large that the investigator had reason to know many normal children were included, certain standard group tests, such as the Woody arithmetic and the Trabue completion tests, were administered, and some of the candidates for the individual examination were eliminated on the basis of the results (Woods, 1919).

After completing the preliminary needs assessment, Woods drew on expertise of teachers, medical professionals, and local charities to develop a physical, educational, and social record of each identified child's development. A psychological examination of approximately 90 minutes was then completed.

> The psychological examination included the Terman revision of the Binet scale, certain of the Healy, Knox, Woodworth-Wells and other standardized tests. The Pinter-Patterson performance tests were added with deaf subjects.
>
> On the basis of the results of the entire investigation, the children were classified as feebleminded, psychopathic, retarded, dull, normal, or superior. The causes of the school retardation were classified in four groups, as being due to: (1) physical conditions (often remediable); (2) school condition, including poor teaching, irregular attendance, late entrance; (3) home conditions; (4) mental conditions, those ranging from mere slowness or dullness, through constitutional inferiority, psychopathic conditions, and borderline defect to feeblemindedness (Woods, 1919).

According to her reports, Woods must have worked at a frantic pace. During the 1917-18 school year, Woods examined 633 children in 14 cities across Wisconsin. As a result of her work that year, 21 special education classes were started in 11 cities, eight of which previously had no classes of this nature (Woods, 1919). Woods reported that "less than half the children recommended for examination as subnormal suspects proved to be definitely feeble-minded" (Woods, 1919). An average of 1 percent of the total school enrollment was recommended for special class placement.

Woods continued as Wisconsin's itinerate school psychologist until 1925. The demand for her services increased dramatically, and additional psychologists were hired to assist her. During the 1921-22 and 1922-23 school years, Woods and a colleague evaluated 2,151 children across the state. Their work resulted in the addition of 42 special classes in 22 cities serving an additional 623 exceptional children (Woods, 1926). During the following biennium (1923-24 and 1924-25), the two psychologists surpassed their previous performance by conducting 2,919 individual mental examinations of children in 38 cities and towns (Woods, 1926).

Demand continued to increase for these services. According to Woods' reports, "Calls for this service came in from forty towns and from twenty-two rural districts during the biennium. It is utterly impossible to answer all these calls with the present personnel. This division urges all school systems make a well-trained psychologist, who has school experiences with grade children, a permanent part of their staff" (Woods, 1926).

Madison is credited as the first public school district to employ a school psychologist; it did so in 1923 (Woods, 1926). "In only two cities, during this biennium [1923-1925], did the schools attempt to provide their own psychological service. These were Madison and West Allis. The Milwaukee schools utilized a small part of the time of the special class supervisor in the making of mental tests and were attempting to secure additional help during part of 1923-24 when the Dispensary added psychological services in a psychiatric division" (Woods, 1926).

When the Whitefish Bay School District hired a psychologist in 1937, this represented one of the early instances in which a psychologist was hired by a school district to provide services other than individual child assessments for special education programs. The district administrator wrote, "Last year one-fifth of the children in our system received some type of individual psychological attention. Most of this was preventative in nature. Nearly a quarter of the children were referred by their parents rather than by the school, indicating good community acceptance. The program has also resulted in a greater understanding of individual differences with more economical individualization of instruction, in less 'failures,' and in decreasing number of problems in later childhood and adolescence" (Mulrine, 1945). In the mid-1930s, neighboring Shorewood employed two full-time psychologists, one serving the elementary population and another working with high school students. An article in a 1955 issue of the school's newspaper, *Shorewood Ripples*, describes the psychologist's duties in the following way:

> "Specifically the function of Dr. Dunlap's department is to render a specialized professional service to teachers, pupils, and parents whenever the occasion demands. These duties include:
>
> a. Conducting case conferences on individual pupils in which those staff members concerned participate.
> b. Acting in an advisory capacity to counselors in planning remedial treatment and adjusted programs for pupils where deemed necessary.
> c. Making intensive individual studies of pupils who may need such attention.
> d. Providing psychological counseling for any pupil.
> e. Counseling with parents.
> f. Administering and interpreting individual psychological tests."

Services for Special Needs Students

While some school districts were allowing expansion of the traditional school psychologists role, the primary influence on growth at the state level in Wisconsin remained the link with special education. As the demand for special education programs grew, the need and demand for school psychological services also grew.

Twenty-eight Wisconsin cities reported special classes for mentally retarded children in their 1916-17 annual reports (Woods, 1919). The Legislative Act of 1917 provided incentive for school districts across the state to provide such programs. By 1921, 21 special education classrooms were added in response to this act and Woods' diligent efforts. In 1921-23, 42 additional classrooms were added.

Legislation enacted in 1927 encouraged districts to provide services for exceptional children. The Legislative Act of 1927 increased the amount of state aid for special classes

to $100 per child per year. The number of children served that year, however, necessitated a proration of funds to $54.47 per child, which was further reduced to $40.00 in 1930.

In the midst of the Great Depression, the 1933 state legislature repealed the Legislative Act of 1927 granting state aid for classes for mentally retarded children. Aid continued, however, for classes for the deaf, blind, and physically disabled. Henrietta Race, clinical psychologist and supervisor of classes for exceptional children, wrote in the 1937 issue of *Education in Wisconsin* that "this action may have been a mistake." Her records showed that, despite the loss of state aid, classes for the mentally retarded actually increased from 91 in the 1934-35 academic year to 111 in 1935-36. In 1937, the state legislature restored one-half the aid that had been cut in 1933 (Blakely, 1966).

The 1939 state legislature also restated and clarified the granting of state aid for special classes. "Special classes were now to be established according to the need and availability of sufficient funds as determined by the state superintendent" (Blakely, 1966). The number of children in special classes increased from 1,771 in 1937 to 2,136 in 1941 and then to 2,520 in 1945. However, the pace of development for special education programs and psychological services appeared to slow once again during the war years of 1941-45. The 1943 issue of *Education in Wisconsin* contained the statement, "No other branch of the educational services has felt the impact of the war more definitely than has special education" (Blakely, 1966). Even so, services to special education children continued.

The year 1965 represented a second landmark for school psychological services in Wisconsin. Chapter 518, Laws of 1965, amended then-Chapter 41 of the Wisconsin Statutes and provided for 70 percent reimbursement of the salaries of full-time directors, coordinators, and supervisors of special education programs; senior-level school psychologists; and social workers. This legislation, like that providing the original funding for Woods' position in 1917, was meant to encourage the development of special education programs at the district level. The supervisors of exceptional education at the Department of Public Instruction discontinued their itinerant evaluation services, and psychologists at the regional and local levels assumed this task. Between the passage of Chapter 518 in 1965 and Chapter 89 in 1973 (Wisconsin Statutes), the number of certified school psychologists in Wisconsin increased from 53 to 319.

Services to Wisconsin's handicapped children were assured in 1973, with the creation of Chapter 89, Laws of 1973 (later Chapter 115 of the Wisconsin Statutes). This law, for the first time, *mandated* the provision of appropriate educational services for handicapped children in Wisconsin. Unlike previous legislation, which provided incentives to start special education programs, Chapter 89 required school districts to provide such programs and significantly expanded the definition of handicapped conditions. This law and the Education of the Handicapped Act, or EHA, passed two years later, had a major impact on the provision of school psychological services in the state. By 1984, inconsistencies between the federal and state legislation governing the education of handicapped children were delineated. The Division for Handicapped Children and Pupil Services undertook a comprehensive review and revision of the Wisconsin Statutes and Administrative Code, which was proceeding when this manual was published.

Changes in the Department of Public Instruction

Increasing numbers of DPI staff paralleled the growth in services to handicapped children and the employment of school psychologists. In 1917, Woods became Wisconsin's first supervisor of classes for the mentally retarded, working alone until 1921. In 1921, a second clinical psychologist joined the DPI staff.

In 1939, the DPI created its Bureau for Handicapped Children. The state residential schools for the blind and deaf became part of this bureau. Beginning in 1949, the DPI

began gradually increasing its number of supervisors of exceptional children who served, in part, as itinerant evaluators for special class placements.

By 1961, the DPI employed five supervisors of exceptional children. The department hired Leonard Pennington as the first state consultant for school psychological services in 1968. Today, this state consultant position is part of the Bureau for Pupil Services within the Division for Handicapped Children and Pupil Services. In 1979, Dick Roth—a school psychologist and an experienced school counselor—became the chief of the Pupil Services Section, which is within the Bureau for Pupil Services and includes consultants for nursing, counseling, social work, and school psychology.

Professional Organizations

As school psychology gained prominence in Wisconsin and in the nation, these professionals formed groups. Nationally, Division 16 of the American Psychological Association (APA) was founded in 1945 in part to recognize the unique professional needs of school psychologists. By 1954, the year of the Thayer Conference, school psychological services had gained a strong foothold in Wisconsin, particularly in Madison and the southeast area of the state. (The Thayer Conference was held at the Thayers Hotel in West Point, New York, to address the needs of the growing profession of school psychology.)

With 1956 came another landmark year for school psychology across the state and nation. In August, Division 16 of the American Psychological Association sponsored the first Professional Institute of the Division of School Psychologists in Illinois. School psychologists from the Milwaukee Public Schools attended, and on November 1, the Wisconsin Association of School Psychologists, affiliated with the APA, held its first meeting in Milwaukee.

This first professional organization for school psychologists in Wisconsin included 38 charter members from school districts throughout the state and representatives of the DPI, Department of Health and Social Services, Milwaukee County, UW-Madison, UW-Milwaukee, Marquette University, and Cardinal Stritch College. Helen Dunlap was elected president of the association.

School psychologists in the suburban Milwaukee area formed the Suburban School Psychologists Association three years later; this is the oldest regional group in the WSPA (formerly WASP).

APA's stringent full membership requirements for its affiliates stifled WASP's recruitment efforts. To become a full member in WASP, applicants needed to hold member status in APA, which required a doctorate degree, and to be licensed with the DPI as a school psychologist. On the other hand, associate membership in WASP didn't require APA membership. Rather, it called for an applicant to hold a DPI license as a school psychologist or psychometrist and to be employed at least half time in a school doing work primarily of a psychological nature. In 1961, WASP's membership consisted of 40 full members and 23 associate members. By 1969, WASP's full membership was stable, but its associate membership had grown to 140.

Frustrated by APA's restrictive membership requirements, WASP ended its affiliation with APA and joined the newly founded National Association of School Psychologists (NASP) in 1970. Membership in NASP required only that the applicant be certified as a school psychologist. NASP, founded in 1969, has grown into the largest professional organization for school psychologists in the nation.

Despite the change in affiliation, WASP maintained regular contact with the Wisconsin Psychological Association, the APA's only remaining affiliate in the state.

Legislative issues compelled the state association to become politically active. In 1970, the reimbursement funds for salaries of school psychologists and school social workers was eliminated from the proposed 1971-73 state budget. James Buckley was hired as a lobbyist to promote the interests of the profession at the state level, and

association dues increased from $2.00 to $25.00 as a result. Funding for school psychologists and social workers was restored at the 50 percent level in the biennual budget for 1971-73 but was again deleted in the proposed budget for 1973-1975. Once again, the association's lobbying effort prevailed, and categorical aids were restored in the final budget, although at a reduced level. Aid remained at the 50 percent level for those working with handicapped children 70 percent of the time and was increased to 70 percent for those working full time with handicapped children. Again, in 1975, the proposed state budget eliminated categorical aids for all exceptional education programs and removed support for a number of consultant positions within the DPI, including the consultant for school psychological services. In addition, a provision was introduced that effectively removed the state superintendent's prerogative to determine the policies and priorities of the department. WASP's efforts helped to retain the consultant position, categorical aids, and the DPI's policy-making authority.

In addition to employing a lobbyist, growth in the association prompted considerable reorganization during this era. In 1971, the association assumed its current name: the Wisconsin School Psychologists Association. The membership endorsed the state's first code of ethics for school psychologists in 1973. In 1974, the WSAP named Buckley the executive secretary for the association. The WSAP also became a corporation, and it divided the state into eight regional groups to be more responsive to the needs of the rapidly increasing number of school psychologists—nearly 400 at that time. Formal liaison with WPA was again initiated. A task force was formed to present a report that served as a model for psychological services and the relationship to other professionals and roles under Chapter 89.

Training and Certification

The UW-Madison established the first graduate training program in school psychology in 1957, the UW-Milwaukee followed suit with a second training program one year later. The DPI established certifications for school psychologists (Code 55) and the school psychometrists that same year. Faculty from both training programs and staff from the DPI were among the founding members of the professional organization. Within ten years, seven additional school psychology training programs were established at campuses throughout the state. Faculty from all nine continue to meet on a regular basis at the annual WSPA conferences.

A new certification structure for school psychology was established in 1967; the new structure abandoned certification of school psychometrists and added two levels of certification for entry-level school psychologists. Supervision of entry-level psychologists by more experienced psychologists was written into the code. These included the Provisional School Psychologist (Code 56), for newly trained psychologists required to practice under supervision, and the School Psychologist I (Code 57), for entry-level school psychologists who had completed a year of supervised experience. The School Psychologist II (Code 58) was substituted for the original school psychologist certification. (Rules certifying school psychologists were again revised in 1980 to the present code).

Ten years of political dialogue among the legislature and various professional organizations began in 1975 regarding whether certification as a school psychologist qualifies as a "license to teach." Some felt that if it did, experience as a school psychologist would qualify as the "teaching experience" prerequisite for administrative certification, and a career ladder for practicing school psychologists would be established. A decade later, legislation was passed permitting experience as a school psychologist or other pupil service professional to apply toward the prerequisites for school administrative certification. (Additional conditions were established to demonstrate classroom teaching experience competencies; see Certification and Licensure.)

School psychologists also were successful in securing licensure for the private practice of school psychology in the state. The Psychology Examining Board, established in 1969, regulates and licenses the private practice of psychology in Wisconsin. A practicing school psychologist was appointed to the board for the first time in 1973. In 1979, the state licensure law was amended to permit school psychologists certified at the highest level by the DPI to be licensed for the private practice of school psychology and restrict to the practice of school psychology to those with that license. The first private practice licenses were issued in 1980.

School Psychology Today

By 1978, more than 600 school psychologists were serving a public school enrollment of approximately 950,000 and a nonpublic school enrollment of 300,000. This represented one of the lowest ratios in the nation.

In the 1980s, school psychologists have been active at the district and state levels promoting issues of importance to children and the profession. The 1980 Spring Hill Symposium in Minnesota and the follow-up conference in Oconomowoc carry on the national exchange of ideas begun at the Thayer Conference more than 25 years ago.

With the backing of the WSPA, several bills addressing issues important to the welfare of children have been passed. These include legislation dealing with suicide prevention, protective behaviors, children at risk, and the control of corporal punishment in public schools. Support for mandated programs for the gifted and talented has been demonstrated throughout the 1980s and will reach fruition as part of the new DPI standards for 1988-89. With the WSPA's help, categorical aids for exceptional educational needs programs and for school psychological services have been maintained throughout the decade.

Today, there are nearly 700 practicing school psychologists in the state. The ties to handicapped education first established by Woods in 1917 remain strong, and the school psychologist's role in Wisconsin has expanded tremendously. Programs such as those for gifted and talented students, school-age parents, at-risk students, alcohol and drug abuse, staff and family consultation, and districtwide inservices make all students potential recipients of service.

Table 1

Wisconsin Department of Public Instruction
Employees in the Field of School Psychology

Name	Years	DPI Position
Elizabeth Woods	1917-1921 1922-1923 1924-1925	Clinical Psychologist and Supervisor of Exceptional Classes Clinical Psychologist and Supervisor of Special Classes Director of Special Education (Left for Los Angeles Public Schools)
Melicent Waterhouse	1921-1924	Clinical Psychologist (Left for Hawaii)
Helen Davis	1924-1925	Psychologist
Stella Stillson	1926-1933 1928-1929	Acting Director of Special Education Clinical Psychologist (Left for Milwaukee State Teachers College)
Henrietta Race	1928-1933 1933-1937	Clinical Psychologist Clinical Psychologist and Supervisor of School for Exceptional Children
Kathryn Lynch	1929-1930	Assistant Clinical Psychologist (Left for Buffalo University)
Dorothy Morgan	1931-1932	Assistant Clinical Psychologist (Left for Shorewood Public Schools)
Frank Powell	1938-1940	Director of Bureau for Handicapped Children Assistant Superintendent and Director of Bureau for Handicapped Children
Harold Williams	1938-1945 1946-1956	Supervisor of Schools for Exceptional Children Psychologist IV
Harry Stevens	1946-1949	Supervisor of Schools for Exceptional Children
John Melcher	1949-1956 1957-1962 1963-1964 1965-1975 1975-1983	Supervisor of Exceptional Children Assistant Superintendent of Special Education Assistant Superintendent of Special Services and Director of Bureau for Handicapped Children Assistant Superintendent of Division for Handicapped Children Education Consultant (Charter Member, Wisconsin Association of School Psychologists, Nov. 1, 1956)

Table 1 (Continued)

Wisconsin Department of Public Instruction
Employees in the Field of School Psychology

Name	Years	DPI Position
Ken Blessing	1954-1962 1963-1964 1965-1971 1972-1982	Supervisor of Exceptional Children Special Education Supervisor Coordinator of Special Education Services Director of Bureau for Exceptional Children (Charter Member, Wisconsin Association of School Psychologists, President, 1958-1959; Membership Chair, 1966-1967; First School Psychologist Certification, 1965.)
Sam Milesky	1956-1960 1960-1962 1963-1982	Supervisor of Deaf and Hard of Hearing Supervisor of Defective Vision and Hearing Supervisor of Schools for the Deaf and Visually Handicapped (Wisconsin Association of School Psychologists, Membership, 1967)
Floyd Baribeau	1957-1961	Supervisor of Exceptional Children (Left to become Director of Special Education for Arizona DPI)
Dan Mathias	1957-1963	Supervisor of Exceptional Children (Wisconsin Association of School Psychologists, Membership, 1960; left to become Director of Special Education for Green Bay)
Dick Roth	1960-1988	Supervisor of Guidance and Counseling, 1960-70 Chief of Pupil Services Section, 1970-1975 Director of Bureau for Pupil Services, 1975-1984 Chief of Pupil Services Team Section, 1984-1988
Melton Martinson	1960-1965	Supervisor of Exceptional Education (Left for University of Oregon)
Victor Contrucci	1961-1966 1967-1978 1979-1982 1983-Present	Supervisor of Special Education Program Administrator in Division for Handicapped Children Assistant Superintendent of Division for Handicapped Children Assistant Superintendent of Division for Handicapped Children and Pupil Services (Wisconsin Association of School Psychologists, Membership, 1966)
Elmo Korn	1961-1962	Supervisor of Special Education
Heinz Pfaeffle	1962-1965	Supervisor of Special Education (Wisconsin Association of School Psychologists, Membership, 1961)

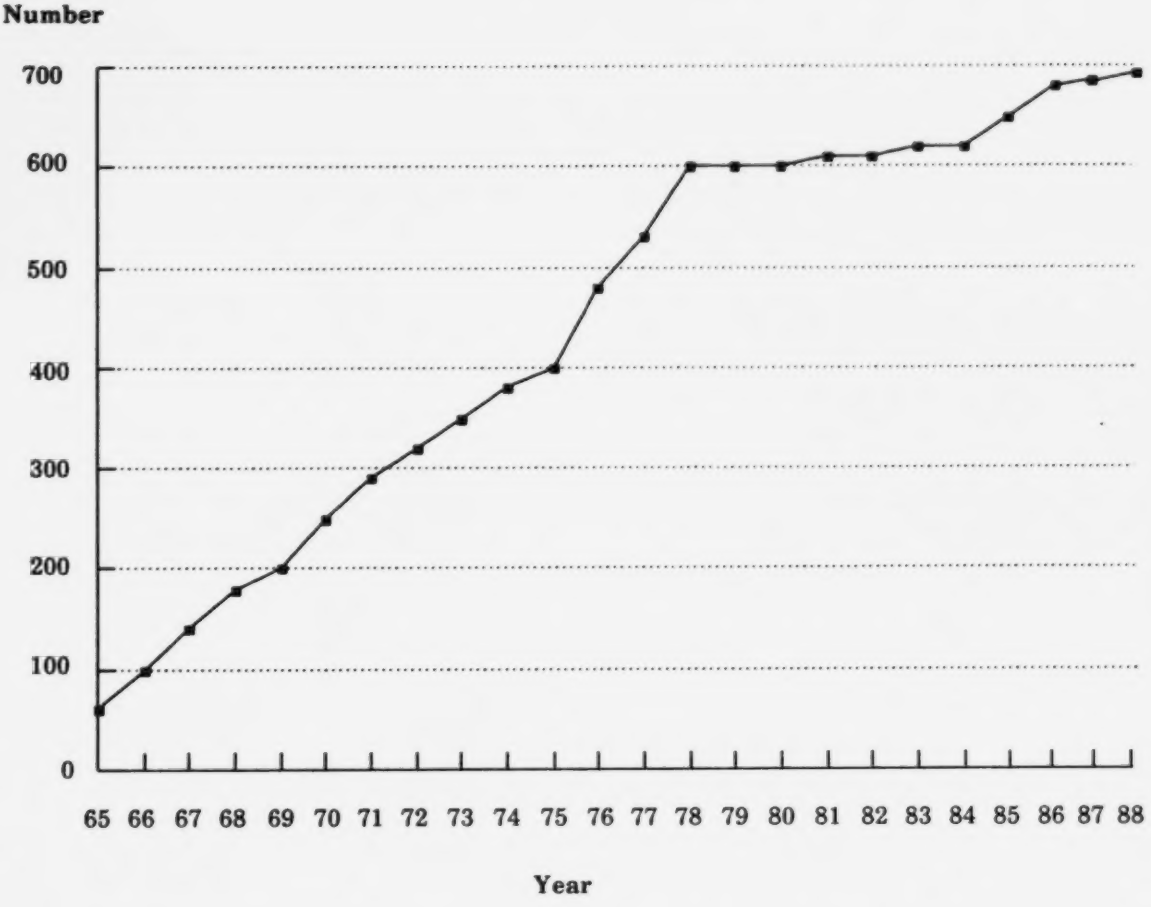
Table 1 (Continued)

Wisconsin Department of Public Instruction Employees in the Field of School Psychology

Name	Years	DPI Position
John Stadtmueller	1963-Present	Supervisor of Special Education Program Administrator in Division for Handicapped Children (Wisconsin Association of School Psychologists, Membership, 1964; Membership Chair, 1968)
Alverna Robinson	1965-1984	Supervisor of Special Education (Wisconsin Association of School Psychologists, Membership, 1968)
James Despins	1965-Present	Supervisor of Special Education (Wisconsin Association of School Psychologists, Membership, 1967)
Leonard Pennington	1968-Present	Supervisor of School Psychological Services (Wisconsin Association of School Psychologists, Membership, 1957; Membership Chair, 1969-1970; Secretary, 1970-71)
Paul Halverson	1983-Present	Director of Bureau for Exceptional Children (Wisconsin Association of School Psychologists, Membership, 1969)

Table 2

Number of School Psychologists, 1965-88



2

Professional Development of School Psychologists in Wisconsin

Overview

Training in School Psychology
Cal Stoudt

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Tom Hall

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Leonard Pennington

Continuing Professional Development
Jerry Harper and Scott Wild

Overview

School psychologists must be prepared for practice as both educators and psychologists. They must be familiar with the processes of instruction and of human development, and they need to understand how both processes can be impacted by differences in children, teachers, classrooms, families, and cultures. As a result, training programs and accrediting agencies are caught in a constant struggle to straddle both disciplines, slight neither, and still provide for training standards that are efficient and manageable. This results in training curriculums that are rigorous and tightly organized and that present a challenging juxtoposition of theory and practice in both education and psychology.

The struggle to reconcile the disciplines doesn't end once the new school psychologist has graduated and been granted certification. In the effort to stay abreast of new advances in education and psychology, the school psychologist must constantly seek additional training through professional conferences, workshops, university course work, and individual study in both disciplines.

Education has long benefited from the practice of mentor programs, in which less experienced teachers are paired with more experienced ones. All teachers are supervised by the principal—the original "master teacher." Combining psychology with education presents special difficulties for the traditional system of administration and supervision. While educational administrators may be thoroughly conversant in the educational features of school psychological practice, they may find it difficult to evaluate the psychological features. For this reason, and because school psychologists require the same mentor relationship available to other educators, professional organizations are unanimous in requiring that professional supervision be provided by experienced school psychologists to the entering professional, in addition to the administrative supervision available through the school district.

The strength of the school psychologist lies with continuing expertise in the domains of both education and psychology. Training, certification, continuing professional development, and professional supervision are the vehicles that nurture this continuing expertise.

Training in School Psychology

by Cal Stoudt
University of Wisconsin-Stout

Training Institutions

Nine university training settings in Wisconsin provide programs leading to licensure as a school psychologist (see Appendix B). These institutions' programs meet the standards set forth in PI 4, Wisconsin Administrative Code, and all provide training leading to entry-level certification in school psychology (60 credits or more). (See Outline 1.)

Each program awards a master's degree in school psychology. In addition, three programs offer doctoral-level training (see Appendix B). All the training programs in Wisconsin are certified by and are subject to regular review by the Wisconsin Department of Public Instruction.

Training Requirements

Several areas of study are required to become a school psychologist. These include

- preparation in the practice of school psychology;
- theories in psychology;
- psychological and psychoeducational assessment;
- prevention, intervention, and remediation;
- school psychology service delivery models; and
- research.

A minimum of 600 hours of practicum are required and may be completed in a combination of school and clinical settings. University-supervised, 1,200-clock-hour internships also are available. Practicum and internships must be supervised by fully certified school psychologists in the placement setting and coordinated by qualified university trainers. Field and university-supervised experience are given strong emphasis; they are well-respected traditions in the Wisconsin training model.

Course content and practical experience sequences have been deliberately designed to meet the standards for preparation and training set forth by the National Association of School Psychologists and provide the Wisconsin-trained psychologist with an excellent preparation for licensure in most states (see Outline 1).

In addition to providing course work that covers the required areas, each of the nine training institutions has identifiable emphases and strengths in programming dictated by the professional interests and skills of the resident faculties. Although no program will provide opportunities for specialized training in all areas, the following areas are available within some programs:

- language acquisition and development,
- educational applications of neuropsychology,
- research,
- counseling,
- multidisciplinary intervention,
- behavioral and cognitive therapy,
- neonatal assessment,
- consultation strategies,
- urban and minority studies,
- children at risk,
- relaxation therapy and hypnosis,
- custody evaluation and family mediation,
- learning disabilities,
- reading,
- special education,
- vocational assessment, and
- computer applications.

In addition to master's degree-level training and licensure as a school psychologist, Marquette University, the University of Wisconsin (UW)-Madison, and the UW-Milwaukee offer doctoral programs in school psychology. These programs, which are described below and on the following page, offer advanced study in administration, research, and clinical skills.

The nine school psychology training programs that Wisconsin universities offer provide the continuity of a comprehensive training core supported by well-designed legislation. They also provide a rich diversity of psychological and educational specialization tuned to the individual interests and skills of their faculties.

Doctoral Study at Marquette University

The doctoral program in educational psychology at Marquette University follows the established scientist-practitioner model for advanced-level training in psychology. The program is designated as doctoral-level training by the National Register of Health Service Providers in Psychology.

Through appropriate courses, students learn current information regarding the physiological, cognitive, effective, and social bases of behavior, and they gain an appreciation for individual differences. Students develop a sound base in research theory and skills. They also apply the basic theoretical foundations of the field in educational and other settings through additional diagnostic, assessment, and intervention course work and supervised practicums. Students have the opportunity to practice through a clinic that provides direct services to school-age students and their parents and teachers via assessment, diagnosis, and treatment of the children's reading, learning, behavioral, and personal problems. Graduate classes are held in late afternoon and evening hours to accommodate both part-time and full-time students, enabling them to hold daytime jobs.

Doctoral Study at the University of Wisconsin-Madison

Doctoral study in school psychology at the University of Wisconsin-Madison prepares students to assume the roles of scientist, scholar, and practitioner. The program was accredited by the American Psychological Association in 1986.

A sequence of course work taken within and outside of the Department of Educational Psychology provide the theoretical foundation for this program. Students may draw on the expertise of faculty in other areas of the department, which include human development; quantitative methods; applied cognitive science; and cognition, motivation, and individual differences.

Students obtain skills through practicums offered by the faculty, field placements in local schools, and internships completed at the end of the program. The school psychology program operates a clinic where children and their parents receive assessment and intervention services. This training facility provides students with experience in a variety of areas in child and adolescent psychology, and it provides the opportunity to directly observe the services and receive feedback from practicum supervisors.

Students gain an understanding of research through professional courses that present basic research in a particular area of psychology and through methodological courses and research seminars that provide instruction in the design and analysis of research. In addition, faculty members serve as mentors, involving students in ongoing research projects and encouraging development of the students' own research program. Finally, through completion of a master's thesis and a doctoral dissertation, students demonstrate the ability to complete original research that reflects an in-depth understanding of educational and psychological problems.

Students who enter the program with a master's degree in a related field may be able to apply previous graduate work toward some program requirements.

Doctoral Study at the University of Wisconsin-Milwaukee

The doctoral program in school psychology at the University of Wisconsin-Milwaukee, offered through the Department of Educational Psychology, is a component of the School of Education's doctoral program. Following the established scientist-practitioner model, the doctoral program prepares school psychologists with a base of theory, practice, and research.

The school psychology program draws theoretical and foundational course work from the Department of Educational Psychology's curricular areas of learning, development, measurement, statistics, and computer usage. In addition, course offerings from other departments are available to doctoral students.

Students acquire applied psychological skills through course work in assessment, counseling, and consultation, which includes ongoing faculty supervision. The program uses the Center for Behavioral Students for supervised experience in individual child study and ongoing group and individual therapy. As an on-campus practicum site, the center provides a unique opportunity for practical experience as well as supervisory experience for advanced doctoral students.

All doctoral students are expected to acquire research skills. The program requires course work covering quantitative analysis, measurement, methodology, and research design. Students also are expected to participate in ongoing faculty research programs. Doctoral students must have completed a master's thesis or a publishable paper and must complete a dissertation that represents an original and independent research effort.

Although course work at the doctoral level does not transfer, students who have completed a relevant master's degree may have up to 12 credits apply to their doctoral program if the prior course work satisfies existing requirements. The intention of this option is to avoid redundancy in course content and provide the doctoral student greater opportunity for elective course work.

Outline 1

Areas of Required Study in School Psychology

1. Practice of school psychology
   a. Professional issues in school psychology
   b. Standards for ethical and professional practice
   c. Related laws and legal issues
2. Advanced psychological study
   a. Psychology of learning
   b. Cognitive psychology
   c. Psychopathology
   d. Social bases of behavior
   e. Human growth and development
   f. Biological bases of behavior
   g. Systems of psychology
   h. Personality theory
   i. Individual differences
   j. Group processes
   k. Organizational and systems theory
   l. Physiological psychology
   m. Neuropsychology
   n. All areas of exceptionality
3. Psychological and psychoeducational assessment
   a. Personality
   b. Behavior, cognition
   c. Intelligence
   d. Learning styles
   e. Academic achievement
   f. Psychomotor functioning
   g. Language development
   h. Vocational and career development
   i. Adaptive functioning
   j. School and community organization
   k. Family structure
   l. Curriculum and instruction
4. Prevention, intervention, and remediation
   a. Behavioral methods
   b. Instructional adaptations
   c. Counseling
   d. Consultation
5. School psychology service delivery models and other human services support systems
6. Research techniques
   a. Design
   b. Implementation
   c. Interpretation
   d. Program evaluation
7. School and clinical practicum
8. Graduate internship (optional)

Certification and Licensure

by Tom Hall
Rice Lake School District

School psychologists in Wisconsin must be licensed by the Department of Public Instruction in order to practice in the state's public schools, and they must be licensed by the Wisconsin Board of Examiners in Psychology in order to practice outside of the public school system. Licensure of school psychologists is based on state statutes and administrative rules.

Licensure For Practice in Public Schools*

The Wisconsin Department of Public Instruction's Certification Section—which is within its Bureau for Teacher Education, Licensing, and Placement—issues licenses to practice as a school psychologist in the public schools. This licensure is based upon the applicant's completion of an approved program in school psychology and endorsement by the training institution. Applicants who were trained in out-of-state programs must have their credentials reviewed by the certifying officer of a Wisconsin training institution and receive that institution's endoresement. PI 3, Wisconsin Administrative Code, further identifies specific requirements for licensure.

Licensure as a school psychologist is generally granted according to a two-step process in which the applicant is initially granted a three-year, nonrenewable license as a provisional school psychologist. This is referred to as Code 61 licensure.

Upon successful completion of additional required course work and one year of successful supervised experience as a full-time school psychologist, the applicant is eligible for a five-year, renewable license as a school psychologist. This is referred to as Code 62 licensure. It is the provisional school psychologist's responsibility to secure appropriate professional supervision by a school psychologist who holds a Code 62 license. Renewal of the Code 62 license depends upon completion of ongoing professional development activities that have been preapproved by the DPI.

When this book was published, PI 3 and PI 4, Wisconsin Administrative Code, were being studied for rule revision. Updated versions of PI 3 and PI 4 can be obtained from the DPI's consultant for school psychological services.

Renewal Procedures

A provisional school psychologist holds a nonrenewable license which means that within three years of its receipt the school psychologist must upgrade his or her skills to qualify and apply for a Code 62 license. To apply, candidates must fill out a form supplied

* Information presented here reflects how PI 3, Wisconsin Administrative Code, was written upon publication of this guide.

by the DPI, submit verification of completed training program requirements, and submit a letter of recommendation written by the school psychologist supervising the applicant's practice.

Renewal of the Code 62 school psychologist license, which is good for five years, is obtained by the successful completion and documentation of 180 hours of DPI-approved equivalency clock hours (ECHs). These must be completed within the five-year period beginning with the initial issuance of the Code 62 license. The ECHs may be secured by attending conferences, workshops, lectures, and other activities that have been preapproved by the DPI. (More information on continuing professional development can be found in a later part of this section.) Upon completion of such activities, the school psychologist must obtain an ECH form from the sponsor of the activity, fill it out, and after the sponsor certifies it, retain the form in their personel records. Sponsors submit a list of attendees to the DPI within days after the program's completion. Alternatively, all or part of the 180 hours of approved ECHs may be secured through six graduate semester credits of university-level course work in the general area of professional training. The school psychologist is responsible for submitting the university transcripts and/or authorized ECH forms to the DPI when appying for license renewal.

Privileges of Licensure

DPI licensure as a Code 61 provisional school psychologist or a Code 62 school psychologist ensures that the individual has completed an approved school psychology training program and has met the specific licensure requirements set forth in the Wisconsin Administrative Code. Wisconsin public schools employing licensed school psychologists are eligible for partial reimbursement of the salaries under categorical aids. The level of reimbursement has fluctuated since its inception in 1976 between 70 percent and 33.33 percent. Currently, school psychologist salaries are reimbursable at 51 percent.

Limitations of Licensure

School psychologists licensed by the DPI limits their practice to the state of Wisconsin. Those wishing to practice elsewhere must refer to the particular state's certification procedure as requirements vary from state to state. Other limitations are based upon the training and competencies of individual school psychologists and upon the job description of the employing agency. Compliance with accepted standards of moral and ethical behavior also are required. See Section 5 for a more complete discussion of legal and ethical responsibilities and Appendix F for the National Associaton of School Psychologists' Standards for the Provision of School Psychological Services.

Licensure for Private Practice

School psychologists licensed by the Wisconsin Board of Examiners in Psychology may practice in settings other than the public schools. School psychologists may be licensed for the private practice of psychology or may apply for generic licensure as a psychologist. In either case, applicants must meet the training standards established by the board, make a personal appearance before the board to describe their intended practice, and in some cases complete a written examination.

The license for the private practice of school psychology is issued under the authority granted in Section 15.405 and Chapters 440 through 459, Wisconsin Statutes, which reads as follows:*

> **Psy 1.06 Application procedure for license for the private practice of school psychology.** (1) Only persons certified at the highest level as a school psychologist from the Wisconsin department of public instruction may be licensed for the private practice of school psychology.

School psychologists wishing to obtain a license for the private practice of school psychology must complete an application form, submit credentials documenting that they satisfy licensure requirements, and make a personal appearance before the state Board of Examiners in Psychology. Application materials for licensure for the private practice of psychology are available from the Wisconsin Department of Regulation and Licensing, 1400 East Washington Avenue, Madison 53708-8935; (608) 266-0070.

The scope of each private practice license is essentially governed by a "statement of intended practice" which the school psychologist submits to the psychology examining board as part of the application for licensure. This document may be modified as necessary by sending an amended statement to the psychology examining board stating the areas of intended change and the rationale for making that change.

A licensed school psychologist is legally entitled to provide school psychological services to the private sector, to charge a fee for services, and to advertise their services as a licensed school psychologist.

Limitations of Private Practice License

School psychologists licensed by both the Department of Public Instruction and the Board of Examiners in Psychology may practice as an employee of a public school district and as a private practitioner. When practicing in both areas, it is important to guard against any possible conflict of interest between the school psychologist's responsibilities to their employing public school district and their private practice. For instance, private practitioners may find themselves in the position of charging a fee for services that potentially could be provided free through the public school system or for which the privately licensed school psychologist may be employed as a licensed school psychologist. It is strongly recommended that school psychologists in private practice formally advise prospective clients in writing of services that could be provided by the public school free of charge. This document should be signed by the parent or other legal guardian acknowledging that he or she has been advised of those services.

The licensed school psychologist is governed by the moral and ethical standards as enumerated in Psy 3, Wisconsin Administrative Code, governing conduct (see Section 5 for a detailed discussion of legal and ethical responsibilities).

Although it strongly advised that the licensed school psychologist maintain an adequate level of malpractice insurance, such insurance has not been readily available in recent years. Insurance may be easier to obtain for a school psychologist employed by an established clinic or agency that provides such coverage than it is for a self-employed school psychologist.

Generic Licensure

School psychologists also may qualify for generic licensure as a psychologist through the state Board of Examiners in Psychology if they have completed a doctorate in psy-

* Note that the DPI Bureau for Teacher Education, Licensing, and Placement now uses the term "licensure" rather than "certification."

chology and 1,500 hours of supervised practice, passed a written examination on ethical issues, and made a personal appearance before a psychology examiner. Those holding a master's degree may qualify for a generic license if they can document course work and professional experiences that meet the board's equivalency requirements.

A generic license allows the practitioner to charge a fee for and advertise services as provided by a "licensed psychologist." The scope of practice is governed by the statement of intended practice submitted to the psychology examining board but will not necessarily be bounded by the license for the private practice of school psychology. Instead, the statement of intended practice will be measured against the school psychologist's prior training and experience.

Administrative Licensure

Historical Overview

On August 10, 1985, amended PI 3, Wisconsin Administrative Code, became effective and established the conditions under which school psychologists, school social workers, and school counselors may obtain school administrator licensure. This unique opportunity for professional advancement was made possible by a nine-year collaboration of the Wisconsin School Psychologists Association and the Wisconsin Federation of Pupil Services. The process by which administrative licensure became a career opportunity for school psychologists required intense and continuing dialogue with political leaders in the legislature, DPI administrators, and executive officers of other state educational associations. A basic issue of discussion was that of "teaching experience." Under former rules, three years of experience as a classroom teacher was necessary to become a school administrator. Pupil services professionals, on the other hand, maintained that the breadth of their training and variety of their experiences as educators was equivalent to that teaching experience.

Legal Mandate

PI 3, Wisconsin Administrative Code, provides that eligibility to hold a Wisconsin license to serve as a school psychologist or completion of an approved program in school psychology are acceptable prerequisites for obtaining licensure as a school administrator. Other prerequisites include completion of 18 semester credits in professional education course work (courses that are not included as part of an approved school administrator program) and three years of successful experience as a school psychologist, which includes 540 hours of successful classroom teaching experience.

The legislature, prior to its approval of the rule revision, requested that the DPI guidelines provide assurance that "some" teaching experience be included. A committee of DPI and federation representatives developed guidelines that specified 540 hours of "successful classroom teaching experience" as the minimal amount required for school administrative licensure.

While this rule now provides access to licensure for elementary and secondary administrators, it still requires that the applicant complete the required university training program and comply with DPI code requirements for the specific areas of administrative licensure.

Qualifications

Not every school psychologist will pursue the additional training necessary for an administrative position. Still, the types of activities in which school psychologists commonly engage may enhance administrative roles. School psychologists' training encompasses

communication, consultation, and working with people—the exact skills that are highly sought in school administrators.

The school psychologist is trained in normal and abnormal behavior as well as in the full continuum of human ability, from the developmentally delayed to the gifted learner and from birth through adulthood. Therefore, the school psychologist is often given responsibility for coordinating the multidisciplinary team, conducting staffings, organizing remedial programs, and being the district liaison with community resources. They gain experience in dealing with parents of children with exceptional educational needs (EEN) and non-EEN students. All of these tasks draw heavily upon a base of management skills and abilities as well as on a foundation in educational procedures, organization, and problems. In conclusion, the school psychologist who chooses to pursue a career in school administration possesses ample training at the preservice level to prepare for the administrative role.

Supervision of School Psychologists

by Leonard Pennington
Department of Public Instruction

Currently, 670 school psychologists in Wisconsin serve 430 school districts and more than a million youth ranging from birth to age 19. Each year, about 90 practicum and intern students from nine Wisconsin university preparation programs enter the public schools as part of their training. In addition, approximately 30 entry-level provisional school psychologists are hired annually in Wisconsin. National professional standards for school psychology require that entry-level professionals receive adequate professional supervision for their first three years (see Appendix F). Therefore, at any one time, there are approximately 180 practicum, intern, and entry-level school psychologists affected by state or national professional association standards related to supervision. The practicum students and interns require supervision both by qualified university faculty and field supervisors. In addition, professional standards recommend professional supervision throughout the career of all school psychologists, augmented by peer review, evaluation, and collegial supervision to broaden and enhance competencies. Supervision is, or should be, a significant activity within the profession.

School District Organizational Structure

The hierarchy of school districts begins with the school board, which employs all staff members. The district administrator heads a team of administrators who, in turn, head each major department. Depending upon the size of the school district, the school psychologists may fit into this organization at any level below the school board.

Supervisory relationships within this hierarchy are generally well understood and are reflected in the organizational staff chart. All administrators are qualified and licensed by the state based on undergraduate and graduate training and several years of supervised experience in the general activities performed by the staff members they supervise. Administrative supervisors may not always have direct experience in many of the activities performed by staff members under their supervision.

Psychology, like other professions, requires its practitioners to attend to administrative directives as well as its standards of practice. Conflicts between these standards and administrative directives can be a source of confusion and stress that must be resolved if effective, efficient, and professionally correct psychological services are to be delivered in the school district.

Professional Association Standards and Guidelines

School psychologists long have argued for the need to establish conditions for accountability, evaluation, qualified supervision, and continuing professional development. In support of this, professional associations created documents to facilitate these activities by school psychologists at the local level and in preservice institutions of higher education. School psychology supervision is addressed most clearly in the *Specialty Guidelines for the Delivery of Services by School Psychologists* (American Psychological Association [APA], 1981) and in the *Standards for the Provision of School Psychological Services* (National Association of School Psychologists, [NASP] 1985). Both documents are highly recommended readings for every school psychologist and administrator responsible for school psychological services in Wisconsin.

The APA guidelines provide that when a school psychologist requires professional supervision, this should be provided by a professional school psychologist. According to this guide, adequate professional supervision includes reviewing reports and test protocols; reviewing and discussing intervention strategies; maintaining a comprehensive view of school procedures and system concerns; and discussing discrepant opinions with the psychologist being supervised and other school personnel. The guidelines further state that the professional school psychologist who acts as supervisor should be responsible for recruiting qualified staff, directing training and research of the staff, ensuring that staff members function only within their areas of competency, and maintaining a high level of professional and ethical practices. Adequate supervision is seen as requiring no less than one hour of face-to-face supervision for each staff member, although some circumstances require additional time. The professional supervisor retains professional responsibility and accountability for the services provided by the psychologist being supervised.

Smaller and/or rural districts may employ an entry-level school psychologist but not a professional school psychologist qualified to provide professional supervision. In this case, the APA guidelines call for a qualified professional school psychologist to be employed for a minimum of two hours per week and to be empowered to act as a professional supervisor to the entry-level school psychologist.

Similarly, the NASP standards state that school psychologists should be responsible for the overall development, implementation, and professional supervision of school psychological service programs (Appendix F). The standards set forth the number of supervisors required for staffs of varying size and suggest that a minimum of one hour of supervision per week be provided to entry-level professionals, with more time provided to practicum and intern students. Those providing school psychological services are encouraged to develop and implement plans for regular evaluation of services and to remain sensitive to the need for communicating program goals and needs to others in the employing school district.

While clarifying standards for professional supervision, these documents do not distinguish clearly between these responsibilities and the administrative responsibilities of other professionals in the school district. This distinction is clearly addressed in the *Guidelines for Interprofessional Relationships in the Mental Health Field* (Joint Commission on Interprofessional Affairs [JCIA], 1981). Members of JCIA represent the American Nurses Association, the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers. The JCIA guidelines clarify the extent to which a member of any one of these professions is required to supervise a member of another profession. The guidelines employ terms geared to mental health services delivery, but minor modifications can make these applicable to local schools.

The JCIA guidelines define four types of professional relationships: autonomous, consultative, collaborative, and supervisory. The legal, service delivery, and administrative responsibilities of two professional colleagues will vary depending on the relationship between them.

The school psychologist is responsible for legal, service delivery, and administrative aspects of school psychological services. As "consultant," the school psychologist is responsible for the information and advice provided to others but not for those persons' actions. "Collaborative" relationships are most typical in the multidisciplinary school situation. These are relationships in which individual professionals work in concert but as independent professionals. In many Wisconsin school districts, collaborating professionals, psychologists, and school nurses are all part of the pupil services team. Finally, in a "supervisory" relationship, the supervisor trains the professional being supervised and is responsible for all aspects of services performed.

In many cases, one professional may be considered the administrative supervisor of the unit without assuming the role of professional supervisor to colleagues of another profession. Examples of administrative supervisory responsibilities include ensuring that work delegated to professionals was performed within district policies in a timely manner and in keeping with current educational standards and ethics. In Wisconsin, administrative supervisors in the public schools must hold an administrative license issued by the Department of Public Instruction. Wisconsin school psychologists occasionally will have two supervisors—an administrative supervisor holding an administrative license and a professional supervisor who is a licensed school psychologist. Such arrangements require both the administrative and professional supervisor to maintain close communication.

Professional Supervision

Howard M. Knoff (1986), in an extensive review of current literature, defined school psychology supervision as an intense, hierarchical, interpersonal relationship. Professional supervisors are assigned multiple responsibilities within this relationship, including the responsibility to oversee the development of the supervisee's professional knowledge, skill, confidence, objectivity, and interpersonal skills. Additionally, it is the supervisor's responsibility on behalf of the client to facilitate effective service delivery and promote accountability. From his definition, Knoff suggests five goals for professional supervision. These include

- developing a style that encourages the supervisee to seek and remain responsive to supervision,
- evaluating the supervisee's professional development both formatively and summatively,
- enhancing the supervisee's professional growth,
- providing professional training, and
- monitoring the welfare of clients.

Knoff (1986) and others have noted that the professional literature in school psychology supervision has been meager, and that supervisors must borrow from supervision models in other human service professions.

Several questions remain regarding supervision of school psychologists.

- How can school psychologists cover all of these supervisory requirements and standards in a flexible manner compatible with the varied administrative structures of the public schools?
- How is it possible to recognize the legitimate authority and legal responsibilities of various educational administrators as well as the legitimate autonomy and legal responsibilities of school psychologists?
- How can these professionals ensure that the services provided by individual school psychologists are safe, appropriate, effective, and delivered within scientific, professional, legal, and local agency standards?

The prerequisities to adequate supervision in school psychology consist of the following:

- First, school psychologists and their administrative educational supervisors need to clearly understand the professional standards in school psychology, the organizational structures and policies in education, and the functions and responsibilities of each other's professions. This understanding should be developed through preservice and inservice training for both school psychologists and educational administrators. The outcome of their training should be an understanding and acceptance by both parties of recognized administrative functions, delegation of duties and responsibilities, necessary professional supervisory functions, and responsible practitioner roles, functions, and obligations.
- Professionals need to be provided with clear definitions that distinguish between the functions of administration, professional supervision, and case management; between the roles of the supervised practitioner; between consultation and collaboration; and between assignment and delegation as well as those that clarify each profession's responsibilities.
- School psychologist supervisors need to have the appropriate training. This will allow licensed professional supervisors to serve as assigned mentors, evaluators, and trainers; to initiate new practitioners to the field; and to provide continuous staff development for other school psychologists. Professional supervisors need to be prepared to assume responsibility for the work of all school psychologists supervised by them.
- Procedures should be developed within local educational agencies for fairly resolving disputes regarding professional standards between administrators, case managers, professional supervisors, and practitioners.
- School districts should establish performance and program evaluation procedures that are objective, accurate, and fair to all parties.
- School districts should establish professionally appropriate procedures and policies for recruitment, supervision, discipline, and discharge .
- There should be adequate opportunities for school psychologist supervisors to maintain an advanced level of knowledge and skills across the broad domain of school psychology.
- Districts should allow for peer review and collegial assistance activities designed to assist the supervisor in ensuring quality services.
- Research efforts should be directed toward identifying the best procedures and models to accomplish professional supervision.

Clearly, much remains to be accomplished. However, substantial progress has been made with regard to most of these prerequisites to good school psychologist supervision in Wisconsin. At present, supervision is provided to all practicum students and interns in the state. Entry-level psychologists are provided professional supervision. Most city school districts and some cooperative educational service agencies have appointed professional supervisors for all of the school psychologists employed by their agencies. Where this is not true, all of the school psychologists employed by the agency usually have three or

more years of professional experience, thus exceeding the point at which NASP would require supervision. Many large school districts have appointed school psychologists as administrators as well as supervisors of school psychological services, and the state professional association is considering recommending certification for supervisors that would require added training and experience.

Continuing Professional Development

by Jerry Harper and Scott Wild
University of Wisconsin-Eau Claire

Need for Growth

School psychologists are committed to continuing professional development by state statute and by the standards established by professional associations (see Appendix F). PI 3, Wisconsin Administrative Code, specifies that school psychologists shall accumulate six semester credits (or the equivalent) to renew their licenses. One hundred eighty equivalency clock hours (ECHs) of preapproved professional activities or a combination of credits and preapproved professional activities will also satisfy this requirement. This requirement is consistent with the National Association of School Psychologists (NASP) training program accreditation requirement that "the program shall provide an active continuing professional development program for practicing school psychologists" (NASP Accreditation Standards, 1986).

Few professionals would disagree with the need for continuing professional development. Dubin (1972) pointed out that maintaining a high level of competence over the course of a career requires constant renewal of knowledge obtained during formal education and keeping abreast of new developments and techniques in the profession. Much of what is learned during formal education becomes outdated, so lifelong education (such as reading; working on projects that stretch one's capacity to the limits; conversing and arguing with colleagues; and attending meetings, seminars, inservices and courses) is vital for the continuing effectiveness of all professionals. This would seem to be particularly true of school psychologists.

Obtaining Growth

Inservice Attendance

Local school districts are required to promote relevant continuing professional development activities for all staff members. However, accumulating ECHs in professionally relevant inservice activities represents a special challenge to school psychologists. Most Wisconsin school districts sponsor regular inservice programs that are preapproved by the DPI. School psychologists function within the school setting and should participate in inservices to better understand it.

The Wisconsin School Psychologists Association (WSPA) offers two conventions each year, both preapproved for ECH credits. Practitioners also may attend one of the six-hour workshops offered the day before each WSPA convention. Special workshops and training institutes are frequently offered by school psychology training programs located on University of Wisconsin System campuses around the state; and the DPI and cooperative educational service agencies (CESAs) statewide frequently offer inservice. Practicing

school psychologists should expect their employing school district to provide release time to attend relevant inservices and to reimburse them for at least some of their expenses.

Inservice Development

Because inservice attendance is one of the primary and most crucial means of obtaining continued professional growth for professional educators, school psychologists may need to become more proactive in planning and developing the inservice training they need. State and national conventions offer one form of inservice training, but much inservice is conducted in the schools.

To become more proactive, school psychologists need a model for inservice development. Schmid, Korinek, and McAdams (1985) reviewed the most frequently used model of inservice education and found that the three most common types of inservice education are:

- information transmission,
- skill acquisition, and
- behavior change.

These differ in their content, styles of presentation, and schedule. Schmid et al., who developed guidelines for presenting the three types, noted that effective inservice education accomplishes preselected goals, and the type of inservice used is determined by these clearly established goals. Although these inservice types were described for teachers, they have been adopted by school psychologists.

The first type of inservice, information transmission, includes such topics as research findings and critiques of assessment methods. Transmitting information also plays a role in the second type of inservice education, skill acquisition. This second type of inservice can be used to teach practitioners new assessment techniques by demonstration and "hands on" practice. The behavior change inservice could be used to bring about changes in the psychologist's behavioral ethics and compliance with new laws, etc. Schmid et al. describe how these inservice types may be applied to school psychologists employed by a CESA; Table 3 outlines this model which employs the development and use of a standardized test as the topic of inservice.

Table 3

Examples of Three Inservice Types: Standardized Test*

	Information Transmission	Skill Acquisition	Behavior Change
1. Assessment	What information do the psychologists need? What populations are being served?	At what skill level are the psychologists in regard to administering the instrument? Do they vary in skill level? (Assessment of need should be formal.)	Are the psychologists administering the test correctly and using it in appropriate situations? Is everyone having problems? How serious are problems and what needs to be changed?
2. Volunteerism	Psychologists are given a choice regarding whether they feel the session will be helpful and whether they want to attend.	Attendance may be mandatory if all psychologists are expected to use the instrument.	Psychologists needing behavior change must attend.
3. Objectives	A. Enhance knowledge about the test. B. Increase group's awareness of problems with using the test.	Acquire or strengthen skills in administering the instrument.	Clear up problems and/or stop rule infractions.
4. Presentation	No more than three or four major concepts per hour. Examples and anecdotes should accompany main ideas.	A. Explanation of skills to be acquired B. Demonstration of administration C. Group gets actively involved and gets "hands on" practice D. Group members try to practice administration	Psychologists and administrators work together to solve their problems. Changes in procedures must be compatible with available resources and skill levels.
5. Evaluation	Was the session useful and enjoyable?	Test situation in which skills are demonstrated.	Have the behaviors changed or problems been solved?

*Adopted from Schmid, Korinek, and McAdams (1985).

Information Transmission Inservice. This type of inservice, illustrated in Table 3, could begin with short surveys being distributed to each CESA psychologist prior to the workshop to determine what types of knowledge they feel is needed. The inservice presenter might also start the session by asking questions to "fine-tune" areas of interest or need. Some areas that would typically be included in such an inservice include the following:

- what populations the test is best suited for,
- how its validity compares with other cognitive measures,
- whether an abbreviated form of the test can be given that maintains its overall validity,
- which subtests correlate best with overall intelligence, and
- points to beware of when administering the test.

Another short evaluation form could be completed by all attending psychologists following the inservice to measure how useful it was.

Skill Acquisition Inservice. Reports by the psychologists and their supervisors, possibly combined with a display of present skill level in administering the test, should be used in this type of inservice to determine what skills are needed. The workshop would begin with some of the same information that was transmitted in the previous type of inservice. The presenter would then demonstrate to the group how the test is properly administered. Each psychologist would get hands-on practice, and then try an administration. An evaluation of the success of this inservice could be a formal comparison of the psychologists' test administrations before and after the inservice.

Behavior Change Inservice. This inservice would be needed if the test were being administered incorrectly or being abused by the psychologists. For example, if the district had a large minority population, the manner or frequency in which the test was being administered may need to be altered to avoid test bias. In this case, the inservice might contain aspects similar to those found in both the other inservice types (skill acquisition and information transmission).

Networking

An alternative way to obtain support and growth is through professional networks. Sarason et al. (1977) describe a network as "an informal association of individuals, one of the major purposes of which is to help its members explore and pursue ways by which they can use each other in mutually productive ways." Rosenfield (1980) adds that each member potentially has something to contribute to or receive from the network, and that "this mutual relationship arises out of a sense of mission or community." Networks are important for the school psychologist because he/she is often the only psychologist in their building and sometimes in their district. Networks can be present in schools, school districts, or larger geographic areas and may be for the purposes of exchanging information or social support (see Sarason et al., 1977, and Rosenfield, 1980, for more details on starting or joining a network). In Wisconsin, professional networks frequently form within CESAs.

Networks also can exist on an international level. Catterall (1979) explained the importance of communication among the more than 40,000 school psychologists around the world. This communication can result in learning different approaches to problem solving and can open up new ways of thinking. Individual school psychologists' funds of knowledge can be expanded, along with their ability to cope with problems in the schools. And, of course, children in turn receive improved services. A prime link between national

and international school psychology has been the international practicum program organized by Fran Culbertson at the University of Wisconsin-Whitewater.

Another concept related to networks is the professional support group. Presbury and Cobb (1985) described a model for planning and implementing successful support groups. At the core of their model is the Professional Development Qube (PDQ), a figure that helps participants understand their professional support group and that clarifies its objectives. The PDQ encourages professional support groups to define themselves in terms of members' stage of professional development , the activities they intend to engage in as a group, and the professional needs that prompted the group's formation. To summarize, the PDQ, support groups are formed to support professional development at three different levels: theory, technique, and support. Members of the group may be at one of three levels in career development: beginning professionals (survival), adequacy, or mastery. Their needs will usually fall into one of three categories: affection, inclusion, or control. By analyzing what processes or activities are needed in each group, the group leader can determine what will work best and how to solve problems when the group isn't working properly. For example, a group leader might determine that the group he or she is working with is made up of beginning professionals in the *survival* stage of career development. Its major objective may be to explore theories of assessing preschool children, and its major need may be to feel in control and competent in testing situations involving preschoolers. Group activities are planned using this analysis.

The example proposed here could be applied at various levels as described by Lesiak, Petty, and Braccio (1975). They investigated the effects of using the "multiplier effect" as a strategy for the continuing education of school psychologists. This model involved having representatives from various regions of the state (in this case, Michigan) attend six days of inservice meetings on topics important to the provision of school psychological services. The representatives then conducted two one-day workshops in their own regions, allowing a greater number of psychologists to benefit from the continuing education experience than would otherwise have been possible. Wisconsin school psychologists can take advantage of this effect by requesting the WSPA program committee or the University of Wisconsin-Eau Claire School Psychology Institute to provide programming on important topics or by requesting that their local university's school psychology faculty to provide appropriate continuing education courses.

Professional Organizations

A number of professional organizations provide collegial support and professional growth opportunities to school psychologists. Professional organizations serve many functions. In principle, they first serve the best interest of the public by improving services; second, they serve the self-interests of the profession. Often, the professional organizations efforts to regulate and establish standards benefit the public while protecting the role of the trained professional.

Wisconsin school psychologists typically belong to at least three professional organizations—the National Association of School Psychologists, the Wisconsin School Psychologists Association, and a regional association. Other psychologists, particularly those who hold doctorate degrees, may belong to the American Psychological Association (APA), the Midwestern Psychological Association (MPA), and the Wisconsin Psychological Association (WPA). School psychologists also may find that they can benefit from membership in other organizations that represent their special interests or training (see Appendix C for addresses of professional organizations).

National Association of School Psychologists

The NASP was developed primarily in response to the need for a national organization which could represent the nondoctoral school psychologist. The organization has

been remarkably successful and has come to dominate most professional development activities for practicing school psychologists. Current goals of NASP include full accreditation of training programs, interstate recipriocity of certification, and inclusion of school psychology in national legislation for education and mental health.

American Psychological Association

The APA, founded in 1892, represents "all of psychology." This lofty goal has produced many difficulties; more than 40 divisions have been formed in an attempt to better represent specialties in psychology. Full members must possess a doctoral degree. Associate membership is available to nondoctoral psychologists, but many privileges are not open to them. Division 16, School Psychology, accepts nondoctorate school psychologists as full members and encourages student membership. Current goals of Division 16 include serving as a liaison between school psychology and other professional specialities of psychology and promoting effective training standards.

Midwestern Psychological Association

The MPA exists primarily to permit members of APA and other societies to present scientific papers. More than 36 states participate in the association's annual conference, usually held in Chicago.

Wisconsin School Psychologists Association

The WSPA, which boasts a membership of 50 percent of the state's licensed school psychologists, is the center of professional activity for most Wisconsin school psychologists. The WSPA holds two conferences each year to ensure that most professionals can attend and participate in its professional activities. Members are encouraged to volunteer for work in the association and share in the social and professional activities of the association. WSPA's activities also extend to regional groups. These groups meet independently to conduct business meetings and to sponsor special activities. Many conduct meetings in conjunction with the Wisconsin Education Association each semester. Among other duties, the regional associations rotate the responsibility of planning the state conferences.

Wisconsin Psychological Association

The WPA is the state affiliate of the APA. Members of APA are eligible for WPA membership. The WPA boasts a strong contingent of clinical/consulting, industrial/organizational, and academic psychologists, particularly those who are in private practice. The WPA's goals include establishing an organization to represent all state psychologists, keeping psychologists informed of state and national issues, representing psychology's interests in the legislature and professional groups, and recognizing the skills and talents of psychologists in the state. The WPA also has one subdivision, Division 1, the Society of Clinical and Consulting Psychologists. Membership in that division is restricted to psychologists who are listed in or meet the criteria for inclusion in the National Register of Health Service Providers in Psychology.

Need for Support

In conclusion, inservice and continuing professional development provide professional and personal support for school psychologist practitioners. This support is necessary because school psychology is a diverse and changing profession. Lifetime learning is needed to keep the practitioner abreast of new ideas and resources in the profession.

Moreover, school psychology appears to be a high-stress occupation (Bardon, 1981; Reiner and Hartshorne, 1982). After spending from six to ten years in higher education, the practitioner may find that he or she feels inadequate or isolated and may consider the career to be too demanding (see "Stress and School Psychological Roles" in Section 3). Continuing professional development is one strategy to help the practicing school psychologist remain an effective and contended professional.

3

Roles of School Psychologists in Wisconsin

Overview

The EEN Role of Wisconsin School Psychologists
Beth Doll

A Non-EEN Referral and Intervention Model for Wisconsin School Psychologists
Martin A. Jenich

Program Evaluation and Research
Charles Moore

Classroom Consultation
Douglas Smith and Mark Lyon

Vocational School Psychology: Theory and Implementation
Peter Kores

Computer Applications for School Psychologists
William Frankenberger

Stress and School Psychological Roles
Jerry Harper and Scott Wild

Overview

Wisconsin's school psychologists have more diverse roles than those practicing in many other states. The high standards of education in Wisconsin require that school psychologists function as program planners, psychotherapists, consultants, researchers, and psychoeducational diagnosticians. This diversity is supported by comprehensive professional development, and it is facilitated by state initiatives that support the provision of pupil services in Wisconsin schools.

Most school psychologists in the state function as part of a multidisciplinary pupil services team. They work collaboratively with school social workers, school counselors, and school nurses to provide appropriate health and mental health services. With the support of such a team, many school psychologists have the luxury of specializing in particular problem areas or skills. Thus any single school psychologist in the state will assume only a few of the roles described in the following chapters; the appropriateness of their role is determined, in part, by the needs of their school district and the skills of the other professionals with whom they collaborate.

The mental health needs of Wisconsin's students are a great responsibility, and the demand is high. Along with this demand frequently comes heavy professional stress, which is discussed at the end of this section.

*The EEN Role of Wisconsin School Psychologists**

by Beth Doll
University of Wisconsin-Madison

In Wisconsin, a child is placed in a special education program only after a multidisciplinary team (M-team) has determined that the child has a disability, a handicapping condition, and a need for special education. This child is then considered to have "exceptional educational needs" (EEN).

Special educational programs in Wisconsin include programs for children with the following handicapping conditions: learning disabilities; emotional disturbance, mental retardation, or other developmental disabilities; speech/language disabilities; visual disabilities, hearing impairment; and physical or orthopedic disabilities. Wisconsin provides special education within a categorical delivery system, but it also allows services to be provided to children with different handicaps in the same classroom under certain conditions.

Services to children with exceptional educational needs are governed by federal and state statutes. The Wisconsin statutes governing education of handicapped children predate the federal law by two years. (Chapter 115, Subchapter V, Wisconsin Statutes). The administrative rules for implementing Chapter 115, Wisconsin Statutes, are included in PI 11, Wisconsin Administrative Code. These administrative rules embody the guidelines that are used by employees of the Wisconsin Department of Public Instruction in enforcing Chapter 115, Wisconsin Statutes. Both documents are included as appendices in the Department of Public Instruction's publication, *Exceptional Educational Needs Guidelines: Processes and Procedures for Wisconsin Educational Agencies*.

To qualify for federal funds, Wisconsin is required to submit a plan for implementing federal legislation mandating special education (Education of the Handicapped Act, or EHA). In cases where the federal legislation conflicts with Chapter 115, Wisconsin Statutes, the Wisconsin program plan reflects the federal law. In implementing state programs for the education of handicapped children, deference is given to the state program plan.

PI 11.16, Wisconsin Administrative Code, includes a description of the school psychologist's role which clearly stipulates that school psychological services should be provided to both suspected and identified EEN children and to children whose educational needs are met through the regular education program. The school psychologist is responsible for developing, implementing, and evaluating school psychological assessment techniques; psychological intervention and consultation programs; inservice education and staff development programs; liaison relationships with other community agencies; and methods of evaluating service effectiveness. Here, though, the discussion of the school psychologist's role is limited to those services provided as part of the comprehensive EEN

**References to Chapter 115, Wisconsin Statutes, and PI 11, Wisconsin Administrative Code, reflect how they were at the time of publication; revisions to the statutes and administrative rules were in the process to resolve discrepancies between federal and state language and to update the Wisconsin plan.*

M-team. These services may duplicate those provided to non-EEN children and may include such services as preventive mental health counseling, affective education, children-at-risk screening programs, and behavioral consultation. These non-EEN services are discussed further in other articles in this section.

The Multidisciplinary Team

Wisconsin administrative rules refer frequently to the M-team, a multidisciplinary team which has responsibility for assessment and diagnosis of EEN children. The school psychologist should participate in M-teams that are considering the recommendation that psychological services be provided or that are working with a referral or handicapping condition involving social, behavioral, emotional, cognitive, intellectual, or perceptual impairment.

As a member of the M-team, the school psychologist is responsible along with other team members for determining whether the child has a disability, whether that disability meets the criteria for a handicapping condition as defined by Wisconsin law and regulations, and whether there is a need for special educational services. If these three conditions are met, a second committee is convened and is responsible for recommending a plan of educational services for the identified child. The plan is referred to as the individualized education program (IEP), and should include a statement of the child's needs and specify recommended academic or behavioral interventions or both. Although Wisconsin statutes do not specifically require that school psychologists serve on any M-team or attend IEP meetings, they should participate in the development of the IEP when this will include behavioral, social, or emotional objectives or goals. Under a unique feature of the current Wisconsin law, the M-team is not responsible for offering a special educational placement to the parents of an identified EEN child. The M-team provides its report to the school board or to another individual designated by the board. Frequently, the director of special education or director of pupil services will serve as the designee. It is this designee's responsibility to decide what type and level of educational placement should be made, consistent with guidelines for placement articulated in Chapter 115, Wisconsin Statutes, and to offer this placement to the child's parents.

Effective M-team interactions require the school psychologist to be knowledgeable about the processes that affect group decision making. M-team's effectiveness is enhanced when the goals and responsibilities of the team and of each individual team member are clearly defined. During group meetings, all team members need to feel free to contribute information and opinions. Occasionally, the school psychologist carries disproportionate influence in team meetings, which requires additional effort by the psychologist to equalize the opportunity and responsibility for educational decision making among all team members. Effective team members can facilitate this process by

- always insuring that all team members are given an opportunity to express their opinion at key decision points;
- reminding or restating for the group relevant comments that have been made by less assertive group members;
- accurately summarizing the group consensus when it is achieved and providing an opportunity for each group member to respond to the summary; and
- noting and reminding the group of patterns of influence that develop.

A valuable discussion of research describing the effectiveness of M-teams can be found in Abelson and Woodman (1983).

Wisconsin rules specify that a report describing the M-team's findings be submitted to the designee responsible for the district's special education placement. For children identified as needing exceptional educational services, the report is to specify the nature

and extent of the child's exceptional educational need. A 1986 survey of practicing school psychologists in Wisconsin (Doll, 1987) found that the content and interpretations included in the M-team report can become a source of considerable disagreement. Conflicts result when the report restates results of a team member's data in terms that he or she finds inaccurate, makes a diagnosis that a team member feels to be unsupported, or includes recommendations that are not wholly accepted by all M-team members. The M-team report is intended to reflect the views of the majority of the members. Where a lack of consensus exists, individual members *are required* by PI 11, Wisconsin Administrative Code, to write a minority report detailing the points with which they disagree and supporting their position.

Assessment and the EEN Child

Assessment—a critical part of the EEN role for many school psychologists—refers to a range of activities that provide useful and accurate information about a child. These activities should not be biased by preconceived notions of the child's ability or the child's social/emotional status.

Assessment activities include but are not limited to the administration of norm-referenced tests, criterion-referenced tests, interviews, projective measures, exploratory and systematic observations, behavior checklists and objective rating scales, informal testing of the limits, curriculum-based assessment, and trial teaching. For any given evaluation, the nature of the questions being asked about a child and that child's learning style will direct the kinds of assessment activities that should be employed. Different multidisciplinary teams partition team responsibilities in different ways and conceivably the school psychologist may be responsible for any of these assessment activities.

Norm-referenced tests provide useful information by comparing a child's performance to that of a standard group of peers. Criterion-referenced tests assess the child's mastery of a criterion set of skills. Both kinds of testing are carefully reviewed in the classic psychological assessment texts, such as Sattler (1987), Anastasi (1982), and Salvia and Ysseldyke (1978).

Error analyses allow hypotheses to be made concerning the reasons for a child's mistakes. Testing of the limits and trial teaching are strategies used to determine the conditions under which a child's performance might improve and to determine the impact that altered instructional formats might have. A useful analysis of these assessment processes can be found in Gerken (1985).

Behavioral observations can provide detailed and/or systematic descriptions of the child's behavior in various situations, and checklists can be used to compare descriptions of that child's behavior to the behavior of a standard group of peers. Practitioners should be aware that the reliability and validity of behavioral observations will vary depending on those targeted, the manner in which these are observed and recorded, and the number of observations that are made. They also should be aware of the behavioral research in the child's identified problem area in order to use appropriate observational strategies. A useful review of the behavioral correlates of academic learning problems can be found in Hallahan et al. (1983).

The training of school psychologists clearly supports this assessment role by emphasizing study of child development, statistics and measurement theory, and psychoeducational intervention, in addition to psychological and educational assessment. Training in these areas produces a broadened perspective of the child in various environments, which is further developed with experience and professional development activities. It is the integration of training and experience over time that makes school psychological assessment indispensable in an M-team evaluation.

Assessment activities must be guided by a professional code of ethics. The results of psychoeducational evaluations are used as criterion for making placement and pro-

gramming decisions for children. These decisions have a critical and enduring impact on a child's immediate adjustment to schooling and on the child's opportunities for personal and academic growth. Because these decisions can be challenged by ethical and sometimes legal arguments, the school psychologist must be able to defend the assessment procedures used in making the decisions. An initial test of an ethical and legal practice is to ask oneself, "Is this an educationally sound practice?" Standards for the ethical practice of school psychology are addressed in Section 6 of this guide. In particular, it is critical that assessment be nonbiased so that minority children have equitable access to appropriate educational services. For more information regarding nonbiased assessment, see Kratochwill, Alper, and Cancelli (1980) and materials prepared by the National School Psychology Inservice Training Network, Psychology in the Schools Program, N532 Elliott Hall, 75 East River Road, Minneapolis, MN 55455.

Diagnosis and the EEN Child

Psychoeducational assessment is used to make educationally relevant diagnoses which facilitate appropriate planning for a student. To perform this diagnosis, the school psychologist must fit current assessment data to the criteria described by the diagnostic system. The diagnosis varies depending on the source and implications of the system. Currently, two diagnostic systems have important implications for school psychology. First, the Wisconsin Department of Public Instruction has established administrative regulations governing the identification of children for special education services in the state. These regulations establish the criteria for access to special education services and describe diagnostic decisions intended to fall within the expertise of any licensed school psychologist in Wisconsin. Secondly, the American Psychiatric Association publishes the *Diagnostic and Statistical Manual for Mental Disorders-Revised (DSM III-R)* (1987), which includes criteria for the diagnosis of certain childhood disorders.

EEN Diagnostic Criteria

In Wisconsin, the M-team is responsible for diagnosing children with EEN. Therefore, all practicing school psychologists need to be familiar with these diagnostic criteria to make accurate diagnoses.

Definitions of handicapping conditions recognized by the DPI are described in PI 11.34, Wisconsin Administrative Code. These regulations recognize the following seven handicapping conditions:

- mental retardation (or other developmental disorders),
- physically handicapped,
- visually handicapped,
- hearing handicapped,
- speech or language handicapped,
- learning disabilities, and
- emotional disturbance.

The following paragraphs summarize the criteria for mental retardation, learning disabilities, and emotional disturbance. However, these summaries are not a substitute for the administrative rules, and practitioners should become well versed with the specific criteria in PI 11.34(2), Wisconsin Administrative Code.

Mental Retardation. Under Wisconsin rules, children are considered to be mentally retarded if their measured intelligence falls more than two standard deviations below the

mean (i.e., below 70 on the Wechsler Intelligence Scale for Children-Revised (WISC-R) test or below 68 on the Binet test); if their measured adaptive functioning is in the lower 2 percent of their age group; and if significant academic delays exist. Significant academic delays are defined in PI 11.34 (2), Wisconsin Administrative Code. Children whose measured intelligence is somewhat higher but who exhibit a pervasive pattern of delayed mental development may also be identified as mentally retarded. Rules for making the placement recommendation in this situation are also included in PI 11.34 (2), Wisconsin Administrative Code.

Learning Disabilities. Children qualify as learning disabled in Wisconsin if their functional achievement falls at or below 50 percent of their expected achievement in at least two academic skill areas. The deficits must be identified in two of the following skills: math, reading, spelling, and written language. A formula defining 50 percent below expected achievement is included in PI 11, Wisconsin Administrative Code. Briefly, expected achievement is determined by multiplying measured IQ by the number of years in school, and 50 percent below that expected level is obtained by dividing the number in two to obtain a grade cut-off score. M-teams are allowed to make a diagnosis of learning disabilities if the child meets all other criteria and shows variable sub-skill performance within academic areas, even if the child does not obtain academic achievement test scores at or below 50 percent of their expected achievement. When the proportion of identified learning disabled children in a district is high relative to the population in general, school districts are allowed to establish additional criteria for placement which will further substantiate that the learning deficit is not to due to environmental deprivation.

Emotional Disturbance. Emotional disturbance is diagnosed when the M-team can establish that that emotional, social, or behavioral functioning is significantly impaired in two out of the three environments of home, school and community. The disturbance may affect the children's acquisition or production of academic skills, social interactions, interpersonal relationships, or intrapersonal adjustment. The behaviors must be characterized as severe, and chronic or frequent. Specific behaviors which may be indicative of emotional disturbance are specified in PI 11.34, Wisconsin Administrative Code.

The Third Diagnostic and Statistical Manual of the American Psychiatric Association.

A revised version of *DSM III-R* was published in May 1987. The adequacy of this diagnostic system for educational and psychological applications remains controversial (Slenkovich, 1983; Kazdin, 1985); some psychologists argue that the scope of childhood disorders represented is distorted and the criteria for diagnosis are untested. The fact remains that much of the clinical intervention literature is organized according to the *DSM III-R* diagnostic categories, and access to community mental health services is frequently linked to the *DSM III-R* diagnoses.

Applications for third-party payment for private mental health services typically require a diagnosis made using the *DSM III-R*. Most private practitioners are more familiar with the *DSM III-R* terminology than with the educational standards. For these reasons, it is imperative that the practitioner become familiar with this diagnostic system.

DSM III-R is a useful guide when the school psychologist is evaluating the possibility of emotional disturbance in children, where the EEN guidelines are sometimes vague. Practitioners should be cautioned, however, that many mental health practitioners will not accept these diagnoses as valid unless they are made by a licensed doctoral psychologist or psychiatrist.

Diagnosis should not lead automatically to placement in special education services. The essential decision to be made in placement is whether or not the child has a need for special education.

Program Planning for Alternative Services

Program planning proceeds concurrently with placement decisions. The Education of the Handicapped Act and the Wisconsin Administrative Code specify that those children who are referred but not identified as EEN students should be provided with program planning for alternative services. The kinds of assessment activities that direct diagnostic decisions may differ from those that address program planning decisions. For example, norm-referenced measures may provide accurate comparisons of a child's skills with those of the standard peer group, but the implications of such measures for instruction are weak. The alternative facing the M-team is to supplement norm-referenced measures with error analyses, testing of the limits, and trial teaching to consider conditions under which instruction may be more effective. Effective school psychological assessments will address both activities. The program planning concerns most frequently addressed by the school psychologist include but are not restricted to the management of a child's behavior during instruction, instructional strategies to enhance a child's learning or to improve a child's attention or memory, and programming strategies to enhance a child's social interactions or personal adjustment. Further discussion of non-EEN services to children can be found in the next section of this manual.

Assessment and Program Planning for Low-Incidence Handicaps

The assessment of children with low-incidence handicaps presents special problems. Low-incidence handicaps include the sensory handicaps of visual impairment and hearing impairment, profound handicapping conditions, multiple handicaps, as well as other relatively uncommon handicaps, such as autism or various medical impairments.

The comparison of these handicapped children with a standardization sample is not always appropriate. The children in the standardization sample are not representative of the handicapped child and often do not share a common experiential background with the child. Children with low-incidence handicaps frequently show a unique development sequence. For example, a hearing impaired child has limited opportunities to experience and master some language-based abstractions. A visually impaired child may not be able to understand certain visually based features of a dictated story, so he or she may not show adequate auditory comprehension. Therefore, even on tasks that do not appear to be affected by the handicap, the child's unique learning experiences may interfere with task performance.

Developing instruments standardized on the specific handicapped population is not a satisfactory alternative because it is difficult to find an adequate sample of children with the particular handicap and because the handicapped population varies so much in degree of handicap. Thus, any evaluation of a child with a low-incidence handicap will need to rely on nonstandardized assessment and examiner-developed measurement strategies that meet the child's specific needs. These must be guided by an extensive knowledge of the handicapping condition and its implications for the child's social, intellectual, and academic development.

The reliability of evaluations conducted with these handicapped children will not be comparable to those completed with nonhandicapped or moderately handicapped children. To begin with, the children's performance varies, and they are frequently more sensitive to environmental factors. Moreover, the tasks frequently assess the effects of the handicap and the child's ability or inability to compensate for it as much as they assess any intellectual or academic ability. As a result, those evaluating children with

low-incidence handicaps must accumulate confirming evidence from several sources before reaching conclusions about the child's ability or learning needs.

Low-incidence handicap assessment may be planned to occur over a period of weeks to allow a more extensive sample of the child's behavior in different situations. The assessment should allow ample time for the child to become comfortable with the testing environment, or the assessment should be conducted in an environment familiar to the child. The assessment will frequently emphasize observational data and examiner-developed measures of learning rate under different instructional conditions. Such analyses may have important implications for the amount of support and assistance the child will require to overcome the handicap. While tasks may be adapted to the child's specific handicapping condition, it will be important to note the degree of adaption required to allow the child to approximate normal performance on the task. For example, visually impaired children should be administered perceptual tasks to determine how adequately they can complete them. The amount of adult intervention required for success should be noted. The ultimate goal is to determine the degree to which the child will be able to compensate for the handicapping condition in everyday life.

Like assessment, the development of educational programs for children with low-incidence handicaps will require extensive knowledge of the handicapping condition. The nature of effective instruction and establishment of appropriate learning objectives requires a knowledge of the impact of the handicap on the child's ability to communicate and conceptualize. The ultimate objective of the program is to prepare the child to enter normal society with a minimum of support. Thus, special learning objectives may be appropriate because of the unique developmental implications of the handicap. For example, the visually impaired child may require instruction in physical mobility, while the hearing impaired child may require assistance with social behaviors.

Because both assessment and program planning require familiarity with the handicapping condition, M-team members frequently must seek consultation outside the school district when assessing and planning for a child with a low-incidence handicap. The consultant can provide the district with additional information about resources available regarding that handicap and can anticipate difficulties with an assessment or instructional plan based on broad experience. In Wisconsin, clinics exist on many of the University of Wisconsin System campuses that can provide such consultation to school districts. The Waisman Center in Madison and the Department of Neurology of the Medical College of Wisconsin in Milwaukee frequently see these children. In addition, consultants in the primary handicapping conditions are available at the Department of Public Instruction in Madison, at the School for Visually Handicapped in Janesville, and at the School for the Deaf in Delavan. State school staff also can serve as members of local school district M-teams.

Special Education Reevaluation

Three years after a child is placed in a special education program, the federal Education of the Handicapped Act and s. 115.80(5), Wisconsin Statutes, require that the child be reevaluated to assess the child's educational status. This reevaluation determines if there are changes in the child's educational needs and if the child's educational placement and/or programming requires revision.

The EHA states that this reevaluation must include the individual educational program and must be based on procedures that meet the same standards specified for the initial placement. Specifically, the reevaluation procedures should be valid and nonbiased and assess all areas related to the disability.

School psychological procedures that were considered essential for the initial placement should be included in the M-team's reevaluation. Assessment procedures

considered to be insufficient evaluations for an initial placement cannot be considered sufficient for reevaluation.

Reevaluation may be conducted sooner than three years if the child in a special education program appears not to be progressing satisfactorily or when new information indicates a suspected EEN in another area.

The School Psychological Report

The written psychological report serves as the permanent record of the school psychological services. For children with EEN, the report also legally documents the nature and adequacy of the psychoeducational evaluation regarding EEN concerns. As such, the report must be sufficiently detailed to document critical information, but simultaneously sensitive to the child and family's right to privacy. The format and editorial style of the psychoeducational report is subject to professional trends. A good source to guide the practitioner in clear, precise writing is the *Publication Manual of the American Psychological Association* (1983).

Current practices suggest that the psychoeducational report be problem oriented; that is, the report should present organized information to answer identified questions about the child and his or her learning needs. Information that has implications for children's learning styles include

- descriptions of a child's developmental and educational history,
- assessment data,
- inferences and interpretations drawn from the history and current data, and
- recommendations for educational placement and planning.

Shellenberger (1982) reviews research investigations of the effectiveness of psychological reports. Essentially, research indicates that reports are more effective when they are prompt, written in a vocabulary familiar to the reader, and include recommendations that are individualized to suit the particular child's needs and sufficiently detailed to allow their implementation.

The practicing school psychologist should always be sensitive to the fact that the written report becomes a permanent document in a child's educational records. Information presented in the report should be necessary for the appropriate education of the child. In addition, inferences drawn from the history and current data should be supportable, although it may not be necessary to document support in the report. Information presented should be to the benefit of the child. Frequently, sensitive facts about the child and the child's family become known to the school psychologist during the course of an evaluation. Unless this information is needed to support the inferences and to gain necessary services for the child or when such information has significant implications for the future educational needs of the child, it may be good practice to omit such information from the report.

Microcomputer-generated reports are widely available. These represent a resource to the practitioner and may provide alternative explanations of test scores. However, the school psychologist ultimately is responsible for the interpretation of assessment data. Microcomputer-generated reports fail to incorporate information from diverse sources and are consequently incomplete; they should never be used as a substitute for the school psychologist's own psychoeducational report.

A Non-EEN Referral and Intervention Model for Wisconsin School Psychologists

by Martin A. Jenich
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When the Wisconsin legislature created Chapter 115, Wisconsin Statutes, in 1973, roles and responsibilities for school psychologists became more focused. School psychologists became members of multidisciplinary teams (M-teams) that work toward providing appropriate educational services for handicapped children. The exceptional educational need (EEN) duties, as described in the previous section, require much time and energy from Wisconsin's school psychologists.

However, not all children's problems are appropriately handled through the EEN or M-team process. Some students, after a multidisciplinary evaluation, are found *not* to qualify for EEN services. Others' problems are not severe enough in quality, quantity, or intensity to warrant an EEN referral. The learning difficulties of some students are attributable to environmental variables such as ineffective parenting or inappropriate teaching; absence from school due to truancy, physical disabilities, or illnesses; or many geographical moves. Other students' problems are related to being abused, neglected, or malnourished. These are just a few problems that school psychologists encounter that do not fall under the EEN category and that do not involve the EEN process. In the 1985-86 school year, approximately 25 percent of all Wisconsin school psychologists' duties involved non-EEN activities. These non-EEN activities are determined by many variables, including the psychologist's professional expertise and interests, needs of the students, community resources, and administrative flexibility.

All school psychology services can be either direct or indirect. Direct services include any time a school psychologist meets face-to-face with a student or students. Indirect services encompass everything else. For example, meeting with people other than students, conducting research, and developing programs are indirect services. Some services are a combination of direct and indirect. This occurs when a school psychologist interviews a parent and, as a result, decides to meet with that parent's child or vice versa.

Non-EEN Referral Procedures

Whether services to be provided are direct or indirect, the development of a non-EEN referral procedure is recommended. In this process, the school psychologist evaluates referred students and then consults with the referring person, who could be a teacher, parent, administrator, or someone outside of the school system such as a physician, counselor, or nurse.

Among the advantages of instituting a non-EEN referral process are that it requires the referring person to think through the presenting problems and to generate a formal working document, and it acts to formalize a process and results in an increase in communication and understanding of all involved. Without a specific non-EEN referral process, a teacher may interpret an informal conversation to mean a student has officially

been brought to the attention of the school psychologist, while the psychologist perceives conversation as an airing of thoughts or quick advice. Much room remains for miscommunication and misunderstanding without a referral system.

A non-EEN evaluation should be initiated when it becomes clear that the presenting problems are severe enough in terms of intensity, quality, and frequency and an EEN program placement is probably *not* an alternative. The diagnostic procedure for a non-EEN evaluation is sometimes more extensive than an EEN evaluation because the entire evaluation is completed by one person instead of a team, as in an EEN evaluation. At other times, the evaluation is less complex. For example, when the problem is specific and clearly defined, minimal direct contact with the student may be required. Indirect evaluation and services also may be appropriate.

Due to the nature of the presenting problems, the non-EEN service process tends to require more collaboration with the referring person, who is usually looking for techniques in order to intervene. A meeting after the evaluation to discuss results and to make recommendations is usually insufficient. Instead, the psychologist may want to meet several times to develop a plan for intervention and monitor its implementation and effect. This collaborative practice often taxes the school psychologist's knowledge and creativity and requires further study outside consultation meetings.

An effective way to support this collaboration is by writing a comprehensive psychological report, with the referring person's level of sophistication in mind. Good practice includes stating the more important working hypotheses developed during the initial stages of data collection and the degree to which these hypotheses were supported by data. This allows the referring person to follow the process and understand reasons why hypotheses were accepted or rejected. The report helps the referring person see the psychologist as a partner. As with other records, these reports must be available to appropriate school personnel yet remain confidential.

Indirect Intervention

Non-EEN intervention by the school psychologist can take many forms, beginning with simply giving advice. Giving advice on a one-time basis should *not* be the norm. However, it is a role that school psychologists easily, and often unknowingly, assume due to time limitations, role demands, and pressure to be an instant, all-purpose problem solver. Intervening in this way most often results in shallow, inappropriate, off-the-cuff suggestions which are rarely helpful. It also puts the school psychologist into a reactive role, which is more personally stressful.

School psychologists can be most effective with indirect interventions when they can follow up on a non-EEN referral to systematically consult with the referring person. Consultation is defined as "a collaborative problem-solving process in which two or more persons engage in efforts to benefit one or more other persons for whom they bear some level of responsibility within a context of reciprocal interactions." (Thomas and Grimes, 1985).

Basic to the process of consultation is communication. Many school psychologists find it helpful if the referring person submits a list of questions to be answered. The person should bring the list to the first interview, which can then be geared toward finding appropriate answers. This technique will cut down on confusion and help define direction for the services.

It is also helpful to agree in advance on the agenda and topics for the meetings and other details of how the collaboration will proceed. Consultation can be a lengthy process, and the consultee should be aware that a number of meetings is often required. At this point, the school psychologist should become assertive about the need for and timing of further meetings. Asking a parent or teacher to "get in touch if it does not work" or to "feel free to come back if you want more help" usually results in no further contact. It also

usually means that the original problem was not solved and may eventually require further intervention sometime in the future when the problem is even worse.

It also is a good idea to give people something to take with them. A specific technique, reading material, or a referral to a more appropriate professional gives them a sense of direction. It is wise for the school psychologist to develop in advance a resource for such reading materials. These materials should be written at an appropriate level and can include articles in popular magazines. For example, parents may be given books on child rearing or child development. Teachers may be given articles on management techniques or informal assessment. It is good practice to have a checkout system and, of course, to observe all copyright requirements. Reading material also can include self-authored articles that address specific issues that often arise.

Inservice as a Non-EEN Service

Another indirect and efficient way for the school psychologist to work with people is through group by inservice presentations. Inservice sessions that are designed to increase skills are best handled through a series of meetings, with participation on a volunteer basis. This allows participants a number of interactions with the psychologist and content material. Homework assignments between the sessions are helpful. These assignments can be behavioral or experiential (i.e., the participant actually experiences behaving differently) and can include activities such as reading, listening to tapes, and viewing videotapes. Inservices also serve as a way for psychologists to advertise areas of expertise, interests, and skills, and they often expand school psychological services and build rapport.

Ongoing Team Participation

School psychologists can work in conjunction with other school personnel to provide consultation services to teachers. Consultation teams, teacher assistance teams, and building support teams can consult with teachers who are looking for new ideas, techniques, or strategies for dealing with student problems (Chalfant, 1979). Teacher assistance teams are usually best coordinated by building principals and mainly consist of regular education teachers and one person trained in individual assessment, such as a school psychologist. Team members must agree on the roles and responsibilities of all members. However, the team should not expect the psychologist to assume too much responsibility, which would render the team approach useless.

Direct Intervention

Direct intervention, or face-to-face contact with the student, can include counseling or skill-building; and both can be done on an individual or group basis. It is extremely important when working with students to build rapport, maintain credibility, and remain flexible and open-minded. Students do not always see adults as willing and able problem solvers, and students with adjustment problems sometimes see the school psychologist as just another person who asks them to do something they would not choose to do. It is important and helpful to involve the student in developing goals and objectives, and it is crucial that they believe the services will be confidential. It is good practice to collectively agree upon which circumstances call for information to be shared. Students usually give blanket consent, which frees the psychologist to talk to parents and/or teachers about the most important issues.

Often the ultimate goal of any direct intervention is to have the student's "best" behavior carry over outside of the school psychologist's office. Once again, homework assignments help provide direction. Usually, experiential or behavioral homework

assignments are more palatable to the student than reading assignments. (Reading often approximates school too much for the student's liking.)

Another effective technique, "engineering the environment," encourages change. Eliciting the help of significant adults, such as parents and teachers, to modify the student's behavior also can encourage change. These adults can initiate discussions with students about important topics and can attend to changes in student behavior. School psychologists may find it effective for significant adults to "experiment" in helping the student to change his or her behavior as long as the adults are patient and assume a long-term view of the problem. See "Classroom Consultation" in this section for more discussion.

Other helpful points include using the student's own language and ideas, using real-life examples, and holding sessions in the place the desired new behavior will most likely take place. For example, if a student is working on becoming less anxious in the classroom, the psychologist may hold counseling sessions in an empty classroom. Direct intervention is often less than helpful if the generalization issue is not assertively addressed.

Temporary Intervention

Another form of consultation takes place with students who have medical problems that do not fall into the special education area. These students are usually physically limited, either permanently or temporarily, but are "normal" in their cognitive and/or emotional development. School psychologists often are asked to design modifications of the regular education setting. The psychologist must have quick access to current medical information in books, periodicals, and discussions with parents and medical professionals. School psychologists often act as liaisons and provide valuable information to involved professionals.

Stress is most often associated with such referrals. Parents are stressed due to the student's physical ailment and the fear of a school system not being flexible to meet their child's needs. Teachers are stressed at the thought of having to modify their daily educational processes. Students are stressed for a variety of reasons, including "the unknown" and the embarrassment of not being "like everyone else." Well-defined lines of communication, roles and responsibilities, preparation, and flexibility are keys to successful modifications for students with these medical problems.

Alternative Education for All Students

School psychologists are sometimes in a unique position to view schools from a global perspective. Therefore, they often can observe problems and make recommendations for program changes. For example, the National Association of School Psychologists in conjunction with the National Coalition of Advocates for Students recently released a position statement entitled, "Advocacy for Appropriate Educational Services for All Children." The statement calls for the development and piloting of alternatives to the current system which would require reevaluation of funding mechanisms and advocacy for policy and funding waivers needed to pilot alternative models. It also would require the development of increased support systems and extensive retraining of all school personnel to enable them to work effectively with a broad range of special needs students within the regular school system. School psychologists' unique roles help them determine the need and implications of these changes.

From that same vantage point, school psychologists can be instrumental in program development. They are able to see the need for certain programs and often have the expertise and job flexibility to develop what is needed. For example, programs for alcohol and other drug abuse (AODA) problems, protective behaviors, suicide prevention, and other similar areas can fall in the domain of school psychologists.

Summary

School psychologists can deliver a variety of services in a number of ways. Non-EEN intervention can take place either directly or indirectly or in combination. School psychologists have much training in many areas. That training, coupled with a variety of interests and a flexible working arrangement, make school psychologists ideal professionals for a vast array of duties within the schools. School boards and administrators would do well to consider involving a school psychologist in solving diverse educational problems.

Program Evaluation and Research

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Introduction

School psychologists spend a large amount of their time in assessment activities. The term "assessment" often generates a picture of individual testing done on a referral basis and with a special education theme. However, assessment can also be appropriately viewed as meaning systematic information gathering. The term is applicable regardless of the scope of the assessment.

School psychologists in Wisconsin appear to be working largely at a "micro" level, primarily using a clinical-diagnostic model for their services to individual children or small groups. This press for direct services takes considerable time. A variety of surveys report that school psychologists spend about 40 percent of their time in individual assessment activities. In contrast, several recent studies report that school psychologists spend only 1 to 2 percent of their time in activities related to program evaluation and research.

Despite a more limited time allocation, program evaluation and research have received increased attention in the school psychology literature (Maher, 1979; Hoover, 1978; Sanders, 1978; Stewart, 1984; Sandoval, 1978, 1986). This section will provide additional support for school psychologists who want to expand their roles in these areas. It will address the following six major questions:

- What is program evaluation, and how does it differ from research?
- Why should school psychologists be interested in expanding their role to include program evaluation and research?
- Is involvement and program evaluation and research feasible for the typical school psychologist in Wisconsin?
- What is a general framework or model for program evaluation and research in Wisconsin schools?
- What specific techniques are available for use in program evaluation in a school setting?
- What practices are generally regarded as helpful in program evaluation and research?

What is Program Evaluation, and How Does It Differ From Research?

Program evaluation and research are firmly attached to the systematic gathering of information and the concept of change. Riecken (1977) suggests that program evaluation is a specialized form of research and noted that there is some overlap of the terms "evaluation" and "research." He suggests that, "The line that divides evaluation research from other kinds of applied social research is a fine one." Indeed, program evaluation can be viewed as pragmatic or applied research. Perhaps one of the major differences relates

to experimental control. It is critical that any experiment be capable of inferring a cause-and-effect relationship, to conclude that differences observed in individuals were caused by the treatments under study. Experimental and quasi-experimental design are most frequently preferred by the university community to ensure adequate experimental control. However, Barbrack and Maher (1980) suggest that in "most public schools, the control necessary for utilization of 'true' experimental designs and even quasi-experimental designs is not possible."

Unlike most research, results of program evaluation may not generalize to other sites. Hoover (1978) suggests that "evaluation is not as concerned with antecedent research as the research process would be since the focal point is upon questions of immediate local value with little interest in generalization across time." As a result, program evaluation is more limited in regard to generalization to other settings than are most applied research activities.

The critical requirement of assessment, program evaluation, and research is that it be capable of answering questions of interest through systematic information collection. In the case of assessment, the focus is typically on an individual, and the referring agent's questions are generally associated with academic or behavior problems. These questions often relate to modifying programs or approaches to achieve a better fit between the child's characteristics and the school's demands. The school psychologist and multidisciplinary team use the gathered information to classify children or provide suggestions for programs.

In program evaluation, this information-gathering process occurs often when the program is implemented and focuses on the ongoing impact (throughput) or final product (output) of programs. Program evaluation can focus upon a variety of different service levels ranging from a child's individualized education program (IEP), a special education classroom, or a building program, to a district or national level. Focusing on the ongoing impact of a program may be seen as a type of formative evaluation (i.e., providing evaluation information to critical personnel as the program unfolds to make immediate modifications in the program), while focusing on the final product may be seen as a type of summative evaluation (i.e., reporting on the overall effectiveness of a program). Riecken (1977) noted that ". . . at one end of the strategic spectrum, evaluation appears as a form of terminal judgment upon the merits of an intervention; at the other, as a kind of management tool for everyday use."

Evaluation and research can provide useful, reliable, and valid information which aids decision makers in making more informed judgments about the goals, processes, and impact of interventions or programs.

Why Should School Psychologists Be Interested in Expanding Their Role to Include Program Evaluation and Research?

A variety of relevant opportunities appear to be related to program evaluation and research as part of the school psychologists' responsibilities. Some of these opportunities include

- the ability to examine program output or throughput rather than focusing exclusively on program input. School psychologists have had little difficulty becoming involved in the programs they serve, but they have had correspondingly little involvement with the ongoing impact or final product of these same programs. The traditional clinical-diagnostic model emphasizes this input model. Failing to place more emphasis on ongoing or summative program evaluations reduces the impact of program planning efforts. Without the opportunities to evaluate the impact of recommendations, assessment activities have less value. The clinical-diagnostic model is based on the premise that correct diagnosis

and placement is the first step toward adequate treatment and should be followed by ongoing involvement.

- the potential for an increased and more resilient impact. Through increased program evaluation and research, the school psychologist has the potential to affect many additional children. By helping identify program areas that are successful or in need of modification, the psychologist can have an impact on large numbers of children over many years.
- a more effective strategy for dealing with problems related to limited resources. Increasingly, decisions made as a result of limited resources affect school psychologists. Often their services are expensive and in competition for increasingly scarce district and state resources. Perloff and Perloff (1977) noted that if "it were not the huge outlays of money, time, and energy needed to achieve these ends, there clearly would be no need to evaluate programs in order to decide how best to invest money and other resources or to determine the feasibility of supporting programs that, on the face of it, would appear equally important." These authors further suggest that ". . . if we do not have enough money to do everything and please everyone, we can at least increase the odds of doing something and pleasing someone by funding demonstrably effective programs." It would seem that such an effort would likely provide more and higher quality programs in regular and special education.
- an availability of information relevant for public accountability. The public continues to demand that our schools increase efforts to provide evidence of their effectiveness. "Return on investment" has previously received little attention, with school districts most frequently collecting only gross achievement data that have limited applicability for accountability. Typically, the public is content with programs having only minimal accountability data until funding (i.e., taxes) is increased. School officials and staff similarly react when the resources going into their programs are questioned, cut, or threatened, which may lead to unsuccessful emotional appeals or arguments. The use of ongoing program evaluation and research helps avoid this situation and helps deal with it effectively when it arises.
- a possibility to expand the advocacy role. While the school psychologist is typically an advocate for individual children, increased program evaluation and research efforts have the potential for advocacy on a larger scale. These efforts may lead school psychologists to be advocates for better programs, techniques, and services for a multitude of children having a diverse group of concerns.
- an opportunity to fill a leadership gap in the schools. While many Wisconsin school districts contract special education services with cooperative education service agencies (CESAs), it is difficult for CESAs to provide leadership for effective program evaluation or research from a distance. School districts seldom have a staff member responsible for program evaluation and research activities.
- an opportunity to contribute to professional growth and understanding. At the district level, the school psychologist can be an information provider to other staff. By keeping abreast of research and program evaluation literature relevant to the district, a psycholgist can benefit ongoing activities, even if there is no data collected in the district. School psychologists also may help develop the base of knowledge related to relevant educational programs and techniques, and they may be able to facilite others in the district to do research. Trachtman (1981) suggests the potential for an "enabler-protector" role, enabling others (i.e., university staff) to do research or evaluation in the school environment while at the same time serving as a protector of that setting. If school psychologists lack expertise and resources to appropriately pursue evaluation or research, they may rely on connections with university-based expertise and personnel.
- an opportunity for innovative program development and improvement. School psychologists may stimulate innovations in program development and increased interest in program improvement. The beneficiaries, of course, are children.

Is Involvement in Program Evaluation and Research Feasible for the Typical School Psychologist in Wisconsin?

Wisconsin consists primarily of small rural districts that employ a part-time school psychologist or a full-time school psychologist who also has administrative responsibilities. Because Wisconsin has one of the lowest school psychologist-to-student ratios in the United States (1:1500), school psychologists in the state have a better opportunity than many of their colleagues to expand from traditional roles. In addition, the Wisconsin legacy of educational quality, innovation, and leadership provides support for such activities. A highly developed and accessible university system also provides a source of support, consultation, and assistance.

Wisconsin's cooperative educational service agencies could provide a vehicle for program evaluation consultants to assist local school district personnel, and several districts could share the associated consultant costs.

Wisconsin's increasing movement toward a pupil services orientation provides an additional opportunity for school psychologists to have increased involvement in research and program evaluation activities. Recent proposals for administrative licensure as "director of special education and pupil services" may provide school psychologists with increased opportunities to contribute and to coordinate district planning and decision making.

What is a General Framework or Model for Program Evaluation and Research in Wisconsin Schools?

Questions are the root of any evaluation or research effort. Hawkins and Fremouw (1981) described a particularly helpful "method-free" general framework to help develop critical questions. Their framework centers around the following four major evaluation questions:

- Who are the clients?
- What is their natural environment?
- How does the program serve them?
- How well does the program serve them?

To address these major questions, four program variables structure the creation of specific evaluation questions: the program conceptions, the actual or "real" program, client behaviors and characteristics, and the natural environment related to the program.

The Hawkins and Fremouw (1981) model provides a greater number of potential questions than the school psychologist may consider when deciding what to evaluate and how to evaluate it.

Program evaluation often focuses on the question, "How well does the program serve its clients?" But there are a variety of other questions that school psychologists should attempt to answer when engaging in roles related to program evaluation and research. Examples of such questions are presented in Table 4.

Table 4

A Method-Free General Framework for Program Evaluation and Research Questions

Program Component	Program Phase		
	Preprogram	During Program	Postprogram
Program Conception	Descriptive evaluation of the plans and objectives 1. How well does the designed program relate with the mandate or general goal of the program? 2. What is the degree of correspondence between elements of the program?		
Real Program	Descriptive evaluation of staff selection, training, and monitoring 1. What are the operational criteria in selecting staff? 2. How much time and money is spent training them? 3. What skills do they have after training? 4. Do they feel that acquired skills are adequate?	Correspondence between the delivered program model, goals, plans, objectives, staff selection, training, and monitoring	Correspondence between the delivered program model, goals, plans, objectives, staff selection, training, and monitoring What is the follow-through?
Client Behaviors	1. What are the characteristics of the client whom the program serves? 2. What are preprogram rates of specific client behaviors?	1. What is the individual's compliance, participation, and attendance? 2. What is the rate of progress? 3. Are there relationships between client behaviors and outcomes during the program? 4. Are there relationships between staff behaviors and outcomes during the program? 5. What are the exit characteristics of clients?	1. What are the differences between preprogram and postprogram behaviors? 2. Can cost-effectiveness factors be identified? 3. How resilient are postprogram behaviors? 4. What factors are important in maintaining postprogram behaviors?
Natural Environment	1. What are the environments from which clients come? 2. What are factors related to the preprogram environment relevant for program design? 3. Are there any preprogram factors of relevance to predicting behaviors during or after the program?	1. What are relevant factors in the environment that may interact with program effects? 2. Are there any changes between natural environments before and during the program?	1. Under what conditions are clients more successful following program efforts? 2. Given relatively high success before leaving the program, what level or type of follow-through combined with what level of postprogram natural environments produces best success of postprogram behaviors and characteristics.

*Adapted from Hawkins and Fremouw, 1981.

The model presented in Table 4 provides a fairly comprehensive framework for developing questions for program evaluation and research efforts. Questions can be generated for the cells, thus providing a broad selection of issues for potential program evaluation or research. Plans to gather information to gain a better understanding of an individual, group, classroom, or districtwide program can profit by using the model.

Other models for program evaluation have been proposed, notably Maher's (1978) Synoptic Evaluation Framework (SEF) for school program evaluation. Maher describes SEF as a "scientifically based tool for the study of the behavior of the child in response to and in interaction with programs and services within the school context." He stresses the program development value of program evaluation. This model first describes three different levels on which program evaluation can focus

- an individual level (such as an IEP);
- a group level (such as a class curriculum); and
- an organizational level (such as the impact of a pupil services department).

The selection of the evaluation unit allows for specification of the various inputs, processes, and outcomes of the evaluative efforts.

A second major component of SEF is the evaluation purpose, which can be described by three distinct classes of studies: developmental or formative evaluation, implementation or process evaluation, and outcome evaluation.

A third major component of SEF, evaluation services, refers to the type of services provided to evaluation recipients; these include designing and conducting the evaluation and distributing the evaluation information.

Fairchild (1980) developed a third model for program evaluation, the Systematic Total Evaluative Process for Psychological Services (STEPPS). While the STEPPS model is designed to evaluate psychological services in the schools, it appears to be applicable to other evaluative efforts. STEPPS indentifies the following seven specific steps in program evaluation:

- assessing needs,
- determining goals,
- specifying services,
- implementing services,
- designing evaluation,
- implementing evaluation, and
- modifying services.

Again, there is an emphasis on using evaluation results to modify programming and programs rather than solely as an outcome measure.

What Specific Techniques Are Available for Use in Program Evaluation in a School Setting?

Evaluation literature has described a variety of techniques useful for program evaluation in the schools. Some of these techniques are discussed in the following paragraphs.

Decision-Based Program Evaluation. Matuszek (1978) involves school psychologists within the school district in designing and carrying out evaluation. Such internally based evaluation can facilitate selection of questions that are relevant to the district. This approach places heavy emphasis on the methods used to generate and select questions as well as the eventual incorporation of these questions into an evaluation design.

Team-Approach Program Evaluation. Maher (1982) stresses the involvement of school professionals, students, and community members in a variety of evaluative activities. Maher suggests that the team approach has particular potential as a "means of organizing for evaluation and as a means of structuring comprehensive evaluation programs."

Goal-Attainment Scaling and Evaluation. Kiresuk and Lund (1978) use a goal-attainment rating as a measurement tool to determine the degree that previously defined individual or program goals are accomplished. The guide is divided into levels arranged along a continuum, including the "most unfavorable outcome thought likely to occur," the "expected level of success," and the "most favorable outcome thought likely to occur." The levels are connected to observable, measurable behaviors, or goal indicators. Other relevant individuals involved in the program help generate the specific goal indicators.

Organizational Domain-Referenced Evaluation. This approach, described by Maher (1980), uses components from systems and organizational theory to examine the conversion of inputs to outputs. The approach focuses on the impact of the organization's structural factors. It proposes evaluation of the following four "systemic domains":

- system structure—evaluation involves obtaining information about the system's administrative and informational properties;
- needs assesment—evaluation involves gathering information about the system's ability to identify children in need of special programming;
- program design—evaluation involves gathering information about procedures for program planning and development; and
- program evaluation—evaluation involves gathering information regarding the program evaluation capability of the system.

Adversary Evaluation. Suggested by Worthen and Owens (1978), this technique is described as a "rubric" for a group of "widely divergent strategies," and includes formulating opposing points of view during the evaluation. The authors suggest that this method

- recognizes that judgment is needed in collecting and analyzing data,
- allows for a better focus upon different dimensions evaluated,
- allows for various interpretations of the data collected,
- reveals information otherwise overlooked,
- aids in communication of information to diverse audiences, and
- encourages dialogue between evaluators and decision makers.

Adversary evaluation may include cross examination, rebuttal of arguments, and the opportunity to question evaluators, with such aspects often done in a public arena. This evaluation is similar to a legal paradigm and therefore has the potential for similar problems such as extremism. Yet the technique may be appropriate in cases when the program is publicly controversial, when termination issues are prominent, when a program affects many people, when there are many decision makers, or when external evaluators are involved. The authors suggest that school psychologists can serve as principal adversaries, consultants to principal adversaries, expert witnesses, jury or panel members, or trainers of adversary evaluation to other staff.

What Practices Are Generally Regarded as Helpful in Program Evaluation and Research?

Several practices in program evaluation have been suggested in the literature as being noteworthy, and many of these practices are presented in Table 5.

Table 5

Helpful Hints, Questions, and Recommendations in Program Evaluation and Research

Focus	Hints, Questions, and Recommendations
Generation of Evaluation or Research Questions	Is lack of knowledge and information part of the problem? If not, consider other means to deal with the concern. Generate questions that try to find out what is happening rather than what is good or bad. Generate an initial list of questions from several sources, then target the ones of greatest interest.
Impact of Decision Makers and School Leaders	The identification of the relevant decision makers is critical to gaining appropriate evaluative questions which drive program evaluation efforts. You can lead decision makers to information but you can't make them use it. They have to be interested. Involve those who are heavily involved in the program being evaluated. Effective program evaluation needs the support of the district leadership. One needs to be aware of possible political agendas and issues of the decision makers. Evaluation needs to be responsive to the concerns of a particular audience. Consider the relationship of the decision makers to the evaluators. "To be innocent of the political nature of evaluation research is to become a pawn in someone else's game, wittingly or unwittingly—or perhaps more commonly, to miss the game altogether." (Patton, 1978)
Characteristics of the Program to Be Evaluated	Have a clear picture of what the program is and isn't. Is the program capable of being evaluated? Has the program been implemented as planned? To what extent have the program goals been attained? What reactions have the program's consumers had? Does it appear that the program has produced specific outcomes? Decide what level of analysis is best suited for the decisions to be made. "Unless a lack of knowledge and information is part of the problem, evaluation will not help an organization. All evaluation research can do is tell you something you do not already know, or increase your certainty about something of what you were unsure. Evaluations are no panaceas for program problems." (Patton, 1978)
Coordination of the Evaluation Staff	Centralized coordination of the evaluation effort is preferred. Some competent and skilled leadership is required. Clarify your role in the evaluation effort. Obtain outside expertise and consultation when needed. Adjustments should be made in the workloads of individuals who are most heavily responsible for the evaluation.
Evaluation Standards	Is the evaluation plan feasible in relation to the resources available? Is the data collected useful, informative, balanced, timely, and influential for decision makers? Is the data accurate or technically sound? Are the rights of those persons affected by the evaluation respected and protected?

Table 5 (continued)

Helpful Hints, Questions, and Recommendations in Program Evaluation and Research

Focus	Hints, Questions, and Recommendations
Measurement	Do the measurement instruments fit the requirements for the evaluation effort? Are the measurement instruments reliable and valid? If feasible, use multiple methods and measures of the phenomena in question. Measure phenomena which are targeted for change as well as phenomena which might also change although they were not targeted.
Statistical Analysis	Are the techniques selected appropriate for the issues to be evaluated? Are the results obtained educationally significant despite their statistical levels of significance? Reporting the amount of variance accounted for by the variable may clarify the significance of the findings. An approach that treats pre- and post-test differences as individual factors in repeated measures analysis of variance may be helpful. Avoid "hunting rabbits with elephant guns!"
Communication of Evaluation Results	Communication of the results to the decision maker is a critical factor related to usefulness of the results. It is generally helpful for evaluators to provide decision makers with a formal report of the findings, structured around the actual questions in the evaluation plan. Use a range of presentation formats when distributing evaluation results.
Utility of the Evaluation Results	School psychologists often find it difficult to make an impact through evaluation results because no mechanisms exist in the system to aid them and evaluation is not a priority for decision makers. Have a concern about the use of evaluation research information. "Producing data is one thing! Getting it used is quite another." (Patton, 1978)
The School as an Organization	Is the organization ready for program evaluation? Does the district have sufficient resources to deal with the evaluation? What possible resistance to the evaluation efforts might be anticipated?
Metaevaluation	Evaluation of the evaluation efforts can be of value in improving subsequent evaluations.

Summary

Program evaluation and research activities hold opportunities for Wisconsin school psychologists. Expansion of the current assessment focus can increase the school psychologist's effectiveness, efficiency, and impact. Both research and program evaluation are firmly attached to the systematic gathering of information and the concept of change. Major differences relate to the issues of experimental control and generalization. Research and program evaluation can focus upon a variety of different service levels and can provide useful, reliable, and valid information about programs to decision makers. There are a variety of incentives for expansion in these areas. For many school psychologists, taking on these roles is feasible and is aided by Wisconsin's educational system.

Frameworks for program evaluation and research center on the generation of specific questions. Several models exist which aid this process, and a variety of specific techniques for use in program evaluation are available.

Classroom Consultation

by Douglas Smith and Mark Lyon
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Although the role of consultation is not a new one for school psychologists, it has received increased attention in the past few years. Numerous surveys of school psychologists (for example, Meacham and Peckham, 1978; and Smith, 1984, 1988) have found that practicing school psychologists place a high priority on consultation and wish to expand their services in this area.

The impetus for increased time in consultation comes not only from school psychologists themselves but also from consumers of psychological services. For example, Hughes (1979) found that directors of pupil personnel services and school superintendents preferred that school psychologists spend significantly less time in testing and more time in consultation. Senft and Snider (1980) surveyed a national sample of elementary principals and found that consultation was viewed as one of the most helpful services provided. As more and more students with academic and behavioral problems are served, primarily in the regular education classroom, the need for consultation has continued to increase. In addition, both school psychologists and special education personnel are often called upon for such services.

Definition

Numerous models and definitions of consultation have been provided, with most of them based on Caplan's (1970) model of mental health consultation. As indicated by Conoley and Conoley (1982), consultation can be viewed as "a voluntary, non-supervisory relationship between professionals from differing fields established to aid one in his or her professional functioning," and it is a voluntary relationship which is initiated by the consultee.

Consultation is an indirect service in that the consultant works with another professional (usually a teacher or parent) who has direct contact with the target (usually the student or child). Direct contact between the consultant and student seldom occurs, although such contact is not prevented. Consultation is designed to address two issues: the immediate problem for which assistance is sought and the prevention of similar problems in the future. Therefore, it is anticipated that the consultee (the individual seeking assistance) will develop new skills through consultation and will use these new skills in other situations. Thus, consultation has an educative function.

Further, consultation is a collaborative relationship in which the consultant is viewed as a facilitator rather than an expert. Emphasis is placed on the problem-solving process, and the consultee has complete freedom to accept or reject services and suggestions. Finally, consultation is a confidential relationship which involves only work-related problems.

Specific models of consultation include

- mental health consultation as outlined by Caplan (1970), Alpert (1976), and Meyers, Parsons, and Martin (1979), among others;
- behavioral consultation as described by Bergan (1977) and others; and
- advocacy consultation as presented by Conoley and Conoley (1982).

Although differences exist among the models, all involve an emphasis on increasing the problem-solving expertise of the consultee within a triadic relationship (consultant-consultee-target).

Skills and Attitudes Needed for Consultation

Crucial to the success of consultation, regardless of the model used, are the interpersonal skills of the consultant. Reviews of the literature in this area by Conoley and Conoley (1982) and Parsons and Meyers (1984) indicate the importance of the following characteristics:

- acceptance of the consultee as shown by the use of nonjudgmental statements;
- genuineness and respect;
- congruency between thoughts, feelings, and behaviors;
- empathetic understanding of the consultee's situation;
- openness as shown by appropriate levels of self-disclosure;
- nondefensiveness;
- ability to listen well as shown by effective use of skills such as acknowledging, reflecting, paraphrasing, summarizing, clarifying, and elaborating; and
- flexibility.

Both Conoley and Conoley (1982) and Parsons and Meyers (1984) provide extended discussion of these skills in their respective books, which also include checklists for skill development and exercises to further develop the skills. Thus, the interested reader is encouraged to refer to these materials.

As mentioned, an understanding of the consultee's present situation is important. A referral for consultation can in some ways be considered a crisis event. The consultee may perceive that he or she is in a crisis, and this crisis provides the impetus for seeking assistance. At the same time, consultees often feel that asking for help with a particular student is a sign of weakness—an indication that they have failed. Thus, the consultant must recognize the consultee's situation and demonstrate an empathetic understanding of his or her feelings. By providing support to the consultee, the consultant may enable this person to try new techniques which also may be effective in other situations.

Attitudes of both consultants and consultees can affect the consultation process. Marilyn Friend (1985) at the University of Oklahoma has developed a list of ways in which consultants and consultees can make consultation fail. These attitudes and behaviors are frequently encountered, and it may be useful to develop strategies for responding to them. For consultants, the following ten easy ways to make consultation fail are:

- Know it all.
- Be dogmatic and inflexible.
- Make unrealistic suggestions.
- Serve your own needs before those of teachers or students.
- Never follow up on intervention programs.
- Align yourself with subgroups of teachers.

- Discuss teachers and students in the lounge.
- Never initiate consultative interactions.
- Bear grudges and air them publicly and frequently.
- Present yourself as an overworked martyr to your job.

The list for consultees is similar, as follows:

- Know it all.
- Be dogmatic and inflexible.
- Refuse to consider any suggestions for classroom change.
- Serve your own needs before those of your students.
- Never carry out for more than two days interventions you agree to try.
- Complain incessantly about referral procedures.
- Fight to remove all special needs students from your classroom.
- Never ask for help with difficult students.
- Bear grudges against the special educator or school psychologist and air them publicly and frequently.
- Refuse to let the consultant observe your classroom activities.

Also crucial to the consultation process are skills associated with framing and evaluating the problem(s) to be addressed. Often the consultee's initial description of the problem(s) is either too expansive or too vague to facilitate planning an effective intervention/prevention strategy. This may be particularly true of consultations concerning regular classroom students whose problems are less severe and pervasive than those of students with exceptional education needs (EEN) but whose difficulties may be described in less precise terms by teachers or parents. In such cases, the consultant must invoke a systematic set of procedures to elicit specific information from the consultee about the problem(s).

Perhaps the most helpful skills for the consulting school psychologist in this regard are those of behavioral assessment. Child behavior assessment has been generally defined as "a range of deliberate problem-solving strategies for understanding children and childhood [problems]" (Mash and Terdal, 1981). As with consultation in general, the emphasis in assessment is placed on problem-solving skills which are both systematic and flexible and allow for the most accurate and comprehensive analysis of the problem(s) at hand. Behavioral assessment includes the hallmark qualities of accurate observation and recording of target behaviors, and it has recently been expanded to include evaluation of cognitions, affect, and the ecology impacting both the child and the consultee.

A useful technique for behavioral assessment which may be readily applied to school-based consultation is the S-O-R-K-C model originally proposed by Kanfer and Saslow (1969). The model is based on a thorough analysis of overt and covert behaviors, but it acknowledges that behavior is determined by a variety of events. The following five components of the model are:

- S (Stimulus): This component includes antecedent events and refers to those internal or external stimuli which are thought to be related to the behavior(s) under study. In consultation, it is often necessary for the consultant to spend a significant amount of time clarifying with the consultee the nature of the child's troublesome behavior(s) and the antecedent conditions that seem to elicit such problems.
- O (Organism): This component deals with the biological condition of the organism and considers constraints on behavior. To devise a realistic intervention/prevention strategy, the consultant should have an accurate assessment of the child's physical limitations.
- R (Response): This component refers to observed or reported behaviors of the target and encompasses motor, physiological, cognitive, verbal, and social-emotional aspects of behavior. A wide variety of methods exist to help glean this kind of information, including

behavioral interviews, checklists, rating forms, standardized instruments, self-reports, self-monitoring forms, and behavioral observations (Ollendick and Hersen, 1982). Of most importance, the consultant should ensure that all relevant behavioral information is assimilated as comprehensively as possible.

- K (Contingencies): This component refers to schedules of contingency conditions such as the frequency, duration, and timing of response outcomes. The effective consultant needs to obtain information concerning any differences in behavioral contingencies across environments (i.e., home versus school) and the differential impact these have on the targeted behavior(s).
- C (Consequences): This component deals with the events following the targeted behavior(s), whether they be environmental or organismic. Again, the consultant needs to obtain the most comprehensive picture possible is obtained of the the consequences that may sustain or alleviate the targeted behavior(s).

A thorough coverage of these five important components of problem behavior will help ensure that the problems to be treated are well understood by the consultant and consultee. Although this lays the initial groundwork for a potentially successful intervention/prevention strategy, it is essential that the information be collected in a systematic fashion. Ollendick and Hersen (1982) have suggested a seven-step method that is particularly useful.

Step 1. Analysis of presenting concern(s)—specify all salient behavioral excesses, deficits, and assets.

Step 2. Standard functional analysis—identify all antecedent and consequent conditions, both proximal and distal, that may contribute to the problem(s). Also outline the probable consequences of successful change of the targeted behavior(s).

Step 3. Motivational analysis—determine both incentives that may facilitate desired change and aversive conditions that may create barriers to desired change.

Step 4. Developmental analysis—consider all biological, cognitive, and social-emotional variables that may affect the child's current behavior as well as probable responses to the intervention/prevention.

Step 5. Self-control analysis—make a determination of the target child's capacity for self-monitoring and self-control.

Step 6. Interpersonal analysis—make a thorough assessment of the child's interpersonal strengths and weaknesses with both peers and adults in multiple settings.

Step 7. Environmental analysis—make a thorough assessment of the child's social-cultural-physical environment to determine if the goals of intervention/prevention are congruent with the expectancies of important persons in the child's life.

Steps in Consultation Process

Just as there are various models of consultation, various stages of consultation also have been formulated. However, most writers agree on the following stages or steps in the consultation process: entry, goal identification, goal definition, developing interventions, implementing interventions, and evaluation.

Entry

During the initial stage of consultation, it is important for the school psychologist to understand the consultee's motivation for seeking consultation as well as their own motivation for being a consultant (Parsons and Meyers, 1984). It is important that the nature of consultation be explained during the entry phase. What consultation is and what it is not can be explored. Necessary ground rules also can be established. Likewise, it is important to outline the responsibilities of each person (for example, number of visits and limitations on services). Finally, outline the nature of the collaborative problem-solving process.

Goal Identification

The first interview focuses on identifying the nature of the presenting problem. The emphasis is on gathering data to clarify the nature of the problem. An effective strategy to use is a relaxed discussion of the presenting problem with frequent use of open-ended questions. Since the consultee may be frustrated with the presenting problem, he or she may need to air his or her feelings.

Goal Definition

Goal definition involves translating the goal into a concrete definition. Additional data may be gathered at this stage. Parsons and Meyers (1984) identify the following criteria for clear goal definitions:

Is the goal defined in observable terms?
Is the goal defined so that the behavior is countable?
Is the direction of desired change specified?
Is the definition descriptive rather than evaluative, judgmental or interpretive?
Have the environmental conditions surrounding/accompanying the appearance of the behavior been described?
Has the impact of the behavior on the environment (including the people in it) been described?
Have the attempts at intervention used been specified, along with their impact?

Developing Interventions

During this stage, specific intervention strategies are developed. It is essential that the strategies be developed mutually and cooperatively. At the same time, the consultant must be familiar with a wide range of approaches that can be used in responding to the behavior in question. In the process of doing this, the consultant must foster the attitude that there are alternative approaches to attaining goals.

Many consultants find it useful to generate as many interventions as possible. Then the consultant and consultee can systematically examine the strengths and weaknesses of each strategy. After this is completed, the strategies can be ranked by their feasibility.

This step in consultation concludes with the intervention strategy that is to be implemented. The consultee may show resistance to consultation at this stage as he or she begins to realize that the consultant is not going to "magically" solve the problem that has been presented. The consultee also may realize that the problem is not as severe as originally thought or that it does not merit the time and effort required to resolve it.

Implementing Interventions

The intervention strategy is implemented during this stage of the consultation. It often is useful to discuss with the consultee things that could go wrong with the strategy before implementing it. This way, the consultee is more prepared to deal with the unexpected. If a new skill or technique is being used, role-play or rehearse the skill before implementing it. Collect data as needed to document the effectiveness of the procedure.

Resistance to consultation may be revealed during this stage of the process. Examples of resistance include lack of follow-through, failure to implement the intervention strategy, lack of time for implementing the strategy or collecting data on its effectiveness, and failure to continue the intervention as agreed.

Evaluation

This last step in consultation is essential, especially with the current emphasis on accountability. Examine evaluation on a short-term and long-term basis. On a short-term basis, examine the effectiveness of the intervention strategy by comparing baseline data prior to the intervention to the data collected after the implementation. Long-term evaluation involves collecting data three to six months after the intervention.

At the same time, it is important to examine the consultee's satisfaction with consultation. Conoley and Conoley (1982) and Parsons and Meyers (1984) and others have developed rating forms for this purpose.

A final element of this step evaluates the impact of consultation on the system as a whole. As districts move to a consultation model through formal, one-on-one consultations or group consultations—such as teacher assistance teams—it is crucial to demonstrate the effectiveness of such programs by specifying in advance the expected outcomes and how they will be measured. Outcomes will vary from one district to another and may involve such factors as a reduction in EEN referrals, satisfaction of faculty with consultation, or more effective servicing of students with academic or behavioral difficulties.

Factors Affecting Consultation

Approach to Classroom Management

For consultation to be successful, the school psychologist must be familiar with the variables that affect teacher behavior. A critical factor in this area is the teacher's style of classroom management. Smith (1981) found that classroom teachers and school psychologists approached classroom behavior in different ways. Teachers were more likely to select sensitizing techniques that focused on punishment, external control of behavior, and the misbehavior itself, whereas school psychologists selected inductive techniques that emphasized the student's role and responsibility in the situation and facilitated the development of internal control.

Previous research (Smith, 1978, 1981) suggests that the differences in approach to classroom behavior represent not only differences in techniques but also in the basic approach to handling student behavior. The teacher's primary goal in intervention appears to be one of stopping misbehavior immediately, whereas the school psychologist's goals also include prevention of future misbehavior. Consultation that merely involves the substitution of one technique for another is likely to be ineffective. Instead, the teacher's perception of his or her role in the classroom and the goals of intervention are crucial. Thus, it is important to discuss the goals for intervention and, more importantly, to outline the rationale for using particular behavioral strategies.

Less effective strategies are more likely to occur in response to dependent and aggressive behaviors. The following specific behaviors are the ones that are likely to elicit less effective, sensitizing responses from teachers:

- continually seeking to be near the teacher,
- seeking attention (positive and negative),
- seeking praise, constantly asking for guidance (when the student is fully aware of what to do and how to do it),
- acting out behavior of a verbal nature,
- physical aggression, and
- opposition.

Additional research on classroom management (Smith, 1983) indicated differences in approach to classroom management between regular education teachers and teachers of the learning disabled (LD), with LD teachers responding to misbehavior in a more inductive way similar to school psychologists. With the inductive approach, the teacher's goals include stopping the misbehavior and intervening in such a way that the incident becomes a learning experience for the student by encouraging the student to examine his or her role in the incident and to develop alternative behaviors. Initially, the teacher provides much structure in this process. As the student gains experience in effectively handling problem situations, the teacher's role becomes one of providing guidance and support to the student in his or her attempts to resolve such situations.

The source of this difference in approach to classroom management appears to be training. The classroom teachers who received graduate training in the LD area were significantly more inductive than those with graduate training in elementary education or reading (Smith, 1983). Regular classroom teachers may focus on the classroom as a whole and emphasize the group rather than the individual student. School psychologists and LD teachers, however, seem to focus primarily on the individual student rather than the group. This difference in approach and possible inconsistency on the part of those working with mainstreamed students have important ramifications for both mainstreaming and consultation.

Effective Teaching

School psychologists should be prepared to consult with teachers and parents concerning academic learning and achievement of both regular classroom and EEN students. A plethora of research has been devoted to effective teaching in the last decade, and school psychologists need to become well acquainted with this topic (see Rosenshine and Stevens, 1986). The literature in this area has been variously referred to as research on direct instruction, systematic teaching, explicit instruction, active teaching, and effective teaching. Regardless of the terminology used, the technique focuses on teachers who effectively foster student mastery of the formal academic curricula while paying attention to the students' affective and personal development.

In essence, effective teaching identifies specific teacher behaviors and evaluates these behaviors for potential impact on student outcomes, most notably achievement. Furthermore, each of the behaviors studied is easily trainable so that both experienced and novice teachers can incorporate the behaviors into their repertoire of teaching skills, thereby enhancing student achievement.

The teaching behaviors studied are considered most applicable to sequential or hierarchical instruction, where the objective is to master a body of knowledge or learn a skill that can be taught in a step-by-step manner. They are less applicable to teaching content that is loosely structured, such as composition or analysis of social issues.

Rosenshine and Stevens (1986) reviewed the effective teaching literature and distilled from it a list of important teaching functions which seem to enhance student achievement. According to these authors

> In general, researchers have found that when effective teachers teach well-structured subjects, they:
> 1. Begin a lesson with a short review of previous, prerequisite learning.
> 2. Begin a lesson with a short statement of goals.
> 3. Present new material in small steps, with student practice after each step.
> 4. Give clear and detailed instructions and explanations.
> 5. Provide a high level of active practice for all students.
> 6. Ask a large number of questions, check for student understanding, and obtain responses from all students.
> 7. Guide students during initial practice.
> 8. Provide systematic feedback and corrections.
> 9. Provide explicit instruction and practice for seatwork exercises and, where necessary, monitor students during seatwork (p. 377).

Rosenshine and Stevens (1986) have taken these findings and further synthesized them to yield six major components of effective teaching. They acknowledge that nearly all teachers engage in these behaviors some of the time; however, the most effective teachers use most of the behaviors most of the time. The six components are described in the following paragraphs.

Daily Reviews and Checking Previous Work. It is essential to begin a new lesson with a short review. The review provides for additional practice with previously mastered skills, and it allows the teacher to provide corrective feedback and to reteach to students who are having difficulty.

Presentation of Material to Be Learned. Numerous studies of effective teachers indicate that they spend significantly more time in demonstrations than do less effective teachers. Furthermore, they provide clearer goals, smaller step-by-step presentations, and more specific procedures to follow; they also check more often for student understanding of the material. When these kinds of strategies are used, students quickly become capable of completing independent work accurately and efficiently.

Guided Student Practice. Effective teachers tend to follow initial presentation of material with guided student practice. Research has demonstrated that it is essential for the practice to be frequent, to provide for ample corrective feedback from the teacher, to continue until overlearning has occurred, and to be structured in such a way that a high percentage of correct student responses are given (i.e., an 80 percent success rate for new material or a 95 percent success rate for reviewed material).

Feedback and Correctives. It is essential that students receive relatively immediate feedback concerning their errors during learning. The use of hints, prompts, and re-teaching are all appropriate under various conditions, and Rosenshine and Stevens (1986) suggest that different strategies be used with correct but hesitant responses, incorrect but careless errors, and incorrect response that suggest lack of knowledge or processes.

Independent Practice. Once students demonstrate good proficiency with a newly learned skill, they should be given the opportunity to practice the skill independently. Such practice seems to accomplish two things for the student—it consolidates the new

skill into the existing repertoire, and through continued practice, the skill becomes overlearned.

Weekly and Monthly Reviews. There should be ample provision for reviews and recycling of instruction. This permits additional teacher checking for student understanding of material and facilitates elaborative rehearsal for effective long-term memory storage.

Clearly the school psychologist who is knowledgable about effective teaching is in the best position to consult with teachers and parents about academic achievement of both regular classroom and EEN children. Of course, examining other variables, such as student learning styles, cognitive ability, and motivation to achieve, needs to be considered when consulting about difficulties in this area.

Attributions for Consultation Outcomes

The consultant's attributions are integral to the process of explaining success and failure in consultation. The basis for attribution theory is that people systematically assign causes to events to account for their outcomes. These attributions not only serve to plausibly explain past events but also carry consequences for subsequent feelings and behavior by creating a set of expectancies about similar future events (Jones et al., 1972).

Two dimensions of the attribution process, locus of control (internal versus external) and stability (temporary versus stable), have been identified by Weiner (1972, 1974) and Weiner et al. (1971). The interaction of the two dimensions results in the following four categories for assigning causal explanations to events:

- internal stable (e.g., ability);
- internal temporary (e. g., effort);
- external stable (e. g., task difficulty); and
- external temporary (e.g., luck).

After reviewing a number of attribution-achievement studies, Bar-Tal (1978) concluded that attributions to lack of effort in failure situations result in higher expectancy for future success, whereas attributions to lack of ability in failure situations result in lower expectations for future success. Similarly, attributions to ability in success situations result in higher expectancy for future success, whereas attributions to ease of task in success situations result in lower expectancy for future success.

Martin and Curtis (1981) and Smith and Lyon (1986) found that school psychologists most frequently attributed success in consultation to the consultee, second to themselves, and third to the consultant-consultee relationship. Relatively few attributions for success were given for effective interventions, external factors, or client behaviors. On the other hand, school psychologists overwhelmingly attributed failure to the consultee with few attributions to themselves or other factors.

The findings concerning Weiner's categorization of attributions also carry implications for school psychologists' perceptions about the potential for success and failure in future consultations. As pointed out by Bar-Tal (1978), either internal-temporary or external-stable attributions in success situations may lead to uncertainty about success in similar circumstances in the future. The school psychologists in the Smith and Lyon (1986) sample made only 21.8 percent such attributions for success, indicating that their expectancy for future success in consultation was quite high. Attributions to internal-stable causes in failure situations reduce further the expectancy for future success, whereas attributions to external-temporary causes for failure may facilitate the perception of future success (Bar-Tal, 1978). In the Smith and Lyon sample, only 5.8 percent

of the former type of attribution was made, while 51.9 percent of the latter type of attribution was made. Again, this appears to indicate that even though failures occur in consultation, the perception of the chances for future success may still remain quite high. Thus, the attributional pattern was one that furthered the expectancy of future success. In addition, the pattern emphasized the importance of involving the consultee in the problem-solving process, the attitudes and actions of the consultee (as seen by these consultants) determined the success or failure .

The Stress of Consultation

Consulting on a regular basis can be a stressful experience. The problems are not the consultant's and consequently cannot be resolved by the consultant. Since consultation is a voluntary relationship, some problems are not resolved immediately. In addition, there often is a lack of closure in consultation because the process takes time to develop and conclude. These characteristics of consultation can and do lead to stress. To reduce the stress, it is important that the consultant

- recognize one's needs and motivations in being a consultant. It is important to know why one engages in consultation, the gains (professional and personal) that result, and one's expectations of consultation.
- try to maximize one's payoff.
- be realistic. All problems cannot be resolved. Therefore, it is important to recognize which problems can be resolved and which ones cannot. In that way, one's goals can be adjusted accordingly. In addition, all consultations are not successful and will not be successful. When mistakes occur, they should be analyzed and used as a learning experience. Similar analyses also should be undertaken for the successes.
- remember that the problem is not yours; it's the consultee's. It is important for the consultant not to assume ownership of or responsibility for the problem.
- remain objective. Try to avoid emotional involvement in situations, and try not to blame it on oneself or others.
- evaluate the effectiveness of consultations.
- try to leave consultation problems in the work setting.

Vocational School Psychology: Theory and Implementation

by Peter Kores
Sheboygan Area School District

The Need for Vocational School Psychology

Traditionally, the primary concern in American education has been to prepare students academically so they are able to successfully function in society. Although academic skills contribute greatly to successful adult life, other skills are equally important. Occupational success and job satisfaction depend on vocational interests, aptitudes, physical capacities, and work attitudes. Evaluating academic skills has been at the core of appraisals of educational programs for decades. At present, a great need exists to focus on the other components that contribute to occupational success, and vocational school psychology permits this additional focus.

The developmental theories of Super (1957) and Ginzburg et al. (1951) provide the theoretical rationale for vocational school psychology. These theories see vocational choice as a continuous process throughout the public school years and into adulthood. Super proposes that career development follows stages within which the individual expresses self-concept by implementing his or her self-description and self-evaluation thoughts into vocational tasks. Typical progressions through stages of development are found from childhood through adulthood, and the progressions decline with age. However, all individuals do not follow the patterns proposed by Super. Various career patterns include

- the stable pattern in which the individual enters a chosen field early,
- the conventional pattern in which the individual tries several jobs then lands a stable job
- the unstable pattern in which the individual holds a series of trial jobs, and
- the multiple-trial pattern in which an individual moves from one entry-level job to another.

Ginzberg et al. (1951) propose that vocational choice is an irreversible process that is developmental in nature. It occurs within clearly marked periods as a result of the individual's compromises between wishes and possibilities (Osipow, 1968). The Ginzburg et al. theory proposes that there are three major stages of the vocational choice and decision-making process: fantasy, tentative, and realistic. These stages are illustrated in Table 6.

Table 6

Vocational Choice and Career Development

Stage	Primary tasks	Resolution
Fantasy	(0 to 10 years of age) Initially student ignores reality and works at play.	Student matures from play orientation to work orientation.
Tentative Substages:	(11 to 18 years of age)	
Interest	(11 to 12 years of age) Initial recognition of need to identify career direction begins.	Student identifies likes and dislikes.
Capacity	(12 to 14 years of age) Student is introduced to notion of ability regarding vocational considerations.	Student evaluates own ability.
Value	(15 to 16 years of age) Student is introduced to the idea of society.	Student recognizes ability and uses of society.
Transition	(17 to 18 years of age) Student begins to face reality of making decisions and assumes responsibility for those decisions.	Urgency develops. Student tries out skills and abilities.
Realistic Substages:	(19 years of age and older)	
Exploration	(19 to 20 years of age) Adult narrows goals and selects a path to follow from two or three strongly held interests.	Adult pursues training or further education.
Crystalization	(20 to 22 years of age) Adult completes tasks of training.	Adult enters career field.
Specification	(22 years and older) Adult elaborates on career.	Adult enhances career functioning.

Guidelines and Legislation

Vocational school psychology was the first proposed specialty area in the field of school psychology. In 1984, the National Association of School Psychologists' Delegate Assembly adopted new standards for the provision of school psychological services. These standards recommend that school psychologists provide appropriate, vocationally oriented services as a "routine" part of their practice (Hohenshil, 1985). Furthermore, Hohenshil states that "vocational assessment and vocationally oriented intervention strategies are considered expected services, where appropriate, for school psychologists functioning as generalists."

Vocational assessment is defined as ". . . a comprehensive process conducted over a period of time . . . with the purpose of identifying individual characteristics, education, training, and placement needs, which provides educators the basis for planning an individual's program, and which provides the individual with insight into his/her vocational potential" (Peterson, 1982).

The Education of the Handicapped Act requires an individualized education program (IEP) for all students with EEN. For secondary students, an education program must provide accommodation of vocational needs, programming in vocational development areas, and planning for transition into the world of work.

The Carl D. Perkins Vocational Education Act further broadened the mandate for vocational assessment to non-EEN students. The purpose of this act includes

> (1) assist the States to expand, improve, modernize, and develop quality vocational education programs in order to meet the needs of the Nation's existing and future work force for marketable skills and to improve productivity and promote economic growth;
> (2) assure that individuals who are inadequately served under vocational education programs are assured access to quality vocational education programs, especially individuals who are disadvantaged, who are handicapped, men and women who are entering nontraditional occupations, adults who are in need of training and retraining, individuals who are single parents or homemakers, individuals with limited English proficiency, and individuals who are incarcerated in correctional institutions;
> (3) promote greater cooperation between public agencies and the private sector in preparing individuals for employment, in promoting the quality of vocational education in the States, and in making the vocational system more responsive to the labor market in the States.

These all-encompassing mandates require that all public educational programs provide vocational assessment (identification of student needs) and access to appropriate curriculum.

Additional emphasis to the need for vocational school psychology is found in PI 26, Wisconsin Administrative Code, and s. 121.02(1)(m), Wisconsin Statutes, which states that "beginning in the 1991 school year, every board shall provide access to an education for employment program approved by the state superintendent. The purpose of education for employment programs is to prepare elementary and secondary pupils for employment, to promote cooperation between business and industry and public schools, and to establish a role for public schools in the economic development of Wisconsin." As defined in PI 26.02, Wisconsin Administrative Code, career exploration and planning "means the process by which elementary and secondary pupils identify and evaluate life and work choices, explore and plan career goals, and acquire realistic life and work decision-making skills."

PI 25, Wisconsin Administrative Code, commonly referred to as "Children At Risk," further requires the services of schools in preparing students for the world of work and the transition from school to employment. In PI 25.03(4), Wisconsin Administrative Code, the pupil support services, including school psychological services, are specifically designated; and in PI 25.03(6), Wisconsin Administrative Code, career exploration and planning is further mandated.

The Wisconsin Developmental Guidance Model (WDGM) prescribes the development of student competencies in three major areas: learning, personal-social, and career-vocational. Similarly, this model proposes learning about these competencies in elementary school, understanding the competencies in middle/junior high school, and applying the competencies in high school. Thus, the school psychologist should be involved at least minimally in consultation roles at all levels, K-12, in career-vocational activities and experiences. The WDGM is presented in the Wisconsin Department of Public Instruction's publication, *School Counseling: A Resource and Planning Guide.*

Although vocational career preparation is mandated in federal and state statutes and there are guidelines for implementation of these mandates, educators generally are neither academically prepared or experienced in the world of work. The school psychologist who is skilled and academically trained in psychoeducational evaluation is perhaps the most competent specialist in meeting these broad mandates.

Several models of vocational assessment in the educational setting have been proposed and implemented in recent years. Most build upon, modify, or adapt practices established in rehabilitation settings with adult disabled or handicapped populations. Some accommodate established theories of career development, vocational decision making, and career behavior. Primary to all vocational assessment programs is the coordination of major components such as those listed in Table 7.

Peterson (1982) proposes that vocational assessment for handicapped students may be conducted on a continuum based on need or presenting circumstances. Peterson, describes three levels of vocational assessment, they are as follows:

> Level I assessment includes collection of existing data from the special education file, informal interviews with the student regarding interests and adaptive behavior, parental conference for minor students, teacher information, aptitude-achievement information and cumulative file information. A vocational plan is thus developed if information is sufficient.
>
> Level II assessment adds to the data secured above with the addition of vocational interest testing and aptitude testing. Vocational exploratory experiences and work samples are also used if warranted.
>
> Level III assessment is reserved for the student requiring additional evaluation information. This level of assessment typically requires the expertise of an assessment specialist with training in both vocational assessment and evaluation of handicapped persons. Components of assessment may include use of additional vocational instruments, work samples, exploratory vocational course tryouts and observation of work behaviors. Often, Level III assessments are carried out in a separate facility found more often in the larger school districts and conducted over periods of one or more weeks.

In Wisconsin, assessments of the Level III variety are often undertaken in rehabilitation facilities or in the technical institutes.

Curriculum-based vocational assessment (CBVA), as proposed by Cobb (1985), suggests "the mandates of the Carl D. Perkins Act can be met with existing vocational/special education support personnel and vocational educators provided that their vocational assessment and planning practices are organized in a systematic and comprehensive fashion and that these personnel are trained in providing such services." Cobb

Table 7

Vocational Assessment*

Assessment Item	Method	Recommendations
Vocational interests	Interest tests Interviews Job tryouts	Specific vocational training Vocational placement
Physical skills	Dexterity tests Observations Medical results	Training in work adjustment
Functional life skills	School resources Checklist by teachers Classroom performance	Community support services
Learning style	Checklists Observations Interviews	Job placement
Educational skills	Cumulative records Grades Competency tests Group tests	Classroom performance
Aptitude and ability	Assessment tests Work samples	Job performance

*Adapted from M. Peterson, *Vocational Assessment of Students with Special Needs*, Austin, TX: Occupational Curriculum Laboratory, 1982.

defines CBVA as a "continuous process used to answer questions about the instruction and special service needs of individual students as they enter into the programs through specific vocational education programs."

CBVA involves informal and direct assessment while a student moves through a program. However, a shortcoming of CBVA, is its failure to derive information before entering a program which negates a primary requirement of the Carl D. Perkins Vocational Education Act that prescribes assessment to enable *appropriate access* to programs.

The Sheboygan (Wisconsin) Area School District began a Vocational Entitlement Program in 1985 in an attempt to meet the needs of high-risk students and to satisfy the requirements of the previously cited legislation. This program, funded partially under the entitlement projects of the Carl D. Perkins Vocational Education Act, was developed to build upon and expand the Sheboygan Area School District's concern for meeting the vocational needs of its students. The Sheboygan Area School District is a medium-sized district with a K-12 enrollment of approximately 8,500; most of its students come from urban and suburban households.

Approximately 35 to 40 percent of the students in grades 8 through 10 are identified as at risk under three broad categories. These categories, based on federal guidelines, included the following precentages during the 1987-88 school year: limited English proficiency (LEP), 6 percent; disadvantaged, 47 percent; and handicapped, 47 percent. The LEP group is composed mainly of Indo-Chinese and Hispanic students. The second group is composed of economically disadvantaged (lower socioeconomic status) and academically disadvantaged students (those who have failed a grade or competency tests and those with group test results significantly below average). The final group is composed of special education students excluding those with severe and multiply handicapping conditions. Though this at-risk population varies each year, there have been typically 500 to 600 students annually in the three targeted grades.

The broad goals of Sheboygan's Vocational Entitlement Program are to help students understand their aptitudes, interests, learning style, and vocational awareness and to assist them in appropriate programming and transition into the world of work. Individual students identified as at risk in the three broad categories (LEP, economically/academically disadvantaged, and handicapped) receive brief vocational assessment, and the results of this assessment are shared with the student and his or her parent(s). Vocational assessment information also is provided to the student's guidance counselor to facilitate appropriate counseling and scheduling. Vocational assessment components vary with the individual student's circumstances, presenting problems, and needs. Additionally, vocational assessment permits the accumulation of existing information to individually counsel students and prepare a vocational plan. The Vocational Entitlement Program thus expands the regular curriculum for at-risk students. This enhancement is illustrated in Table 8 which delineates the scope and sequence of K-12 activities within the Sheboygan Area School District.

The guidance counselor may refer students in need of further vocational counseling to the Vocational Entitlement Program for aptitude and/or interest testing. Students seeking further evaluation also are given the opportunity to use the Wisconsin Career Information System for additional interest exploration and/or searches for college or technical school programs. The Strong Vocational Interest Inventory, the Career Assessment Inventory, and the Armed Services Vocational Aptitude Battery are additional assessment devices available through secondary guidance counselors.

A vocationally trained school psychologist coordinates the Sheboygan Area School District Vocational Entitlement Program. Two trained vocational aides are responsible for data collection and vocational assessment. The building guidance staff members are responsible for vocational counseling; and the vocational aides prepare the vocational

Table 8

K-12 Vocational Career Decision Making Sequence

Grade	Activity/Course Cluster
K-5	Wisconsin Developmental Guidance Model (learning about competencies)
6-8	Wisconsin Developmental Guidance Model (understanding competencies) Cluster vocational courses (to explore interests and aptitudes) Vocational Entitlement Program: At-Risk Students Microcomputer Evaluation Screening and Assessment (short form) (Valpar, 1987) Student Interview Interest Testing Vocational Planning
8	Differential Aptitude Test (to assist in high school program planning) (Bennett, Seashore, and Wesman, 1982)
9	The Self-Directed Search (Holland, 1985) The Career Paper (as part of the English curriculum)
9-10	Vocational Entitlement Program: At-Risk Students Wisconsin Career Information System (1987) Microcomputer Evaluation Screening and Assessment (short form) (Valpar, 1987) Student Interview Valsearch Occupational Matching (Valpar, 1987) Vocational Planning Career Vocational Counseling CCP Lab (computer-assisted academic remediation)
9-12	Wisconsin Developmental Guidance Model (application of competencies) The Learning Style Inventory (Dunn, Dunn, and Price, 1987)

education plan and develop the students' vocational files. For students requiring special education programming, the assigned EEN teacher incorporates the students' individual vocational plans into their individualized education program

Sheboygan's Vocational Entitlement Program has confirmed the need for vocational school psychology services. Vocational assessment of these classified at-risk students suggests that in today's society young people are often vocationally immature, have little knowledge of their aptitudes and abilities, and lack awareness of the world of work. Career development follows a developmental sequence exemplified by the students in the lower elementary grades—the boys want to be firefighters or police officers, and the girls aspire to be nurses. During the middle school years, students approach careers from the aspect of self-interest without knowledge of the requirements of occupations; and in the junior high and early high school years, students normally begin to recognize their capabilities and aptitudes. By late high school, the students should be determining career goals and identifying vocational options. The at-risk students, however, often progress through these developmental stages at a slower rate and may still be in a fantasy stage during adolescence. Thus, the high school student delayed in vocational development is in great need of assessment and vocational counseling to progress through transition into the world of work.

The Vocational Entitlement Program illustrates another essential factor in preparation for employment. Because appropriate vocational decision-making is based on a continuing process of assessment, exploration, and refinement, students must have the opportunity to evaluate their interests and aptitudes while exploring their academic and occupational environments. A goal of the Vocational Entitlement Program is to broaden career horizons by helping students recognize that there is no one job suited to each individual.

High school students participating in vocational assessments are provided with a comparison of their tested aptitudes with specific job aptitudes from the Dictionary of Occupational Titles (DOT). Students are also provided a job aptitude profile of their specific "wish" job so they can compare their current aptitudes to requirements defined in the DOT. Vocational counseling is provided to help students make realistic choices and select courses to develop needed skills. Additionally, students who need specific skills to fulfill their career objectives may be referred to a computer-assisted remedial education laboratory staffed daily by a vocational education teacher. Laboratory staff administer pretests to academically assess students, provide a computer-generated prescription, and recommend appropriate daily programming to remediate skill deficits.

The combination of the Wisconsin Developmental Guidance Model, the regular educational curriculum, and the Vocational Entitlement Program enhances students' transition from the academic world to the world of work.

Computer Applications for School Psychologists

by William Frankenberger
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A Survey of Computer Use

In 1986, Frankenberger, Fontana, and Harper (1987) conducted a survey regarding microcomputer practices by 580 Wisconsin school psychologists employed in the state's public schools. Responses from 247 school psychologists provided information about these professionals' use or nonuse of microcomputers, brand of computers used, length of time microcomputers had been used, types of microcomputer training, types of microcomputer use, and ethical violations related to the use of computers.

Survey Implications

The implementation of the Education of the Handicapped Act placed school psychologists in a situation such that psychological evaluations consumed most of their time. Because the typical school psychologist in Wisconsin currently evaluates more than 100 students/clients per academic year, it is very difficult for psychologists to engage in other activities—such as consultation, intervention, and research—even if the evaluations and related reports are conducted very efficiently.

With large caseloads, it is important that school psychologists perform their professional roles and functions as efficiently as possible. Brown (1984) explained that computers could aid psychologists in a variety of ways. For example, word processing programs allow psychologists to edit, revise, and check the spelling of reports rapidly. Computer graphics clearly and concisely present data to parents and other professionals. Computer administration of psychological tests could afford school psychologists additional time for other activities. In addition, school psychologists may develop and maintain databases of successful intervention programs and assessment practices and procedures. These databases can be networked to other reference facilities and be available to psychologists with access to a microcomputer and modem.

Despite these advantages of computer use, only 64 percent of Wisconsin school psychologists responding to the survey currently use computers. Two-thirds of the surveyed school psychologists said they had used their computers for more than a year, and 38 percent reportedly were self-taught. Perhaps nonusers would join the ranks of their computer-user colleagues if workshops and inservices were available to teach them computer skills. Brantley (1984) suggested that computers be employed as "teaching assistants" by school psychologist trainers. He stated that microcomputers could aid instruction by offering unlimited practice and immediate and accurate feedback to students. Once the psychologists recognize that computers can make their jobs easier, they will be motivated to apply computers to their individual needs.

According to the survey, most psychologists (77 percent) used Apple II computers. School district administrators, school psychologists, and psychological software developers should be aware of this finding. This information also could help them make appropriate hardware, software, and training decisions.

Even though the use of Apple II computers is pervasive, it would not be desirable to purchase only the Apple II models. More advanced technologies, such as the Apple MacIntosh, MacIntosh II, and IBM-PS/2 computers, should be evaluated and integrated into the practice of school psychology where appropriate.

The survey data indicated that psychologists who use computers are using them to complete tasks for which computers are particularly efficient, such as test scoring and analysis and word processing. Microcomputer use for telecommunications, statistical analysis, and interventions was less frequent. See Table 9 for more detailed account of this data.

Test Scoring and Analysis

Many school psychologists now use computer programs to perform test scoring and some analysis procedures that were previously done by hand. These programs reduce the amount of time it takes to analyze test data, and they reduce computational errors. Such programs are available for many of the tests school psychologists use.

The use of computer technology for test administration, scoring, and interpretation are controversial topics in the practice of school psychology. Computer programs appear to be of the greatest value when used to do calculations which would otherwise be completed by the psychologist. For example, Wechsler Intelligence Scale for Children-Revised (WISC-R) analysis programs convert raw scores to scale scores, calculate IQs, and provide various statistical interpretations. The types of score interpretations vary with the theoretical orientation of the software developer, and the user may choose among the various theoretical methods of test score analysis. It is important that the psychologist be familiar with the score interpretation generated by the computer program.

After the analyses are completed, some programs produce a complete psychological report. Such reports vary in content and quality and should not be used without thoroughly understanding the program's interpretative procedures. Computer-generated narratives often are wordy and sometimes contain contradictory statements. In addition, test interpretation and analysis programs make it possible for individuals who are not adequately trained to incorrectly administer and inaccurately report the results of various psychological tests. To prevent this, ethical and training standards specifically germane to computer use must be delineated. Walker and Myrick (1985) suggested the following general guidelines to prevent untrained individuals from using test scoring and analysis programs.

> Public and private agencies should not purchase computerized interpretation programs unless a psychologist is available to evaluate the interpretation and to integrate such data with other evaluation information into a final interpretation and report.
>
> Consideration should be given by companies marketing such programs to limiting sales to appropriately qualified assessment specialists.

School psychologists must also exercise care when using test analysis and report programs. According to Walker and Myrick (1985), school psychologists have the ethical responsibility to evaluate the computer programs they use. Many school psychologists may assume that the programs are current when, in fact, they contain serious errors. Software companies that do not supply enough information make it even more difficult for psychologists to critically evaluate software.

Table 9

Type of Computer Use by School Psychologists*

Task	Number Using Microcomputers	Percent Using Microcomputers
Test analysis	95	61
Word processing	91	58
Test scoring	74	47
Statistical analysis	49	31
Database	44	28
Recreation	25	16
Graphics	23	15
Telecommunications	9	6
Test administration	7	4

*Information presented is based on 157 responses of school psychologists using computers.

State and national organizations for school psychologists should aid these professionals in software program evaluation. The National Association of School Psychologists (NASP) provides such a service in its newsletter, *Computer and Technological Applications in School Psychology (CTASP)*. The *CTASP* newsletter also lists programs available for the Apple II and IBM computers that assist school psychologists with report preparation. The newsletter may be ordered from the National Association of School Psychologists, *CTASP* Newsletter, Charley Heath, 8540 Mill Bight Road, NE, Olympia, WA 98506.

One recommendation that addresses the issue of program variables suggests that school psychologists score the WISC-R by hand and then use a WISC-R analysis program to check their computations. This procedure reduces the number of computational errors that frequently occur during scoring and analysis. The program should be used to complete only those analysis procedures familiar to the school psychologist. The scores and interpretative data then may be integrated into a psychological report.

Computer-generated narrative reports lack the integrative abilities and clinical insights characteristic of professional school psychologists and should, therefore, be used only for reference.

Word Processing

According to the Frankenberger, Fontana, and Harper (1987) survey, school psychologists frequently use computers for word processing, a technique that improves the efficiency of school psychologists who compose reports and letters at the keyboard. By using a word processor, even those individuals who dictate their reports or have them typed from written copy may decrease the time it takes to complete reports.

School psychologists who use computers other than those mentioned above can develop their own report-writing aids by using "psychology report templates." These templates represent an outline of a report or letter and consist of paragraphs, tables, or frequently used statements about tests, scores, or learning situations. They are developed once and eliminate the need to format subsequent reports. To prepare a report from a template, the user simply types in omitted information or modifies the paragraph to suit the particular child. An example of a WISC-R template is presented in Sample 1.

When choosing a word processing program, school psychologists need to assess their current and future uses for the program and should select one that permits expansion. Nearly all word processing programs have features such as word wraparound and automatic reformatting and can quickly and easily move text around in a document. Most full-featured word processing programs also provide a spelling checker, "what-you-see-is-what-you-get" printouts, multiple font styles and sizes, and can mix text and graphics. All these features are desirable for school psychologists. The spelling checker allows the user to concentrate on reviewing the content of the material rather than looking for typographical errors. Printouts that look like the final format are more convenient, save time, and allow the user to easily format the material. Different fonts and sizes of type are appropriate for different purposes. For example, users may want to use italics or boldface for emphasis. Additionally, graphics can visually explain data, such as a child's test scores plotted on a bar graph to show relative strengths and weaknesses.

■ Sample 1

WISC-R Psychology Report-Writing Template

I. Identifying Information:

Name: Grade:
Address: DOB:
Age:
DOE:
Parents: Examiner(s):
School: Supervisor:

II. Reason for Referral:

III. Background Information:

IV. Test Observation:

V. Tests Administered:

A. Cognitive

VI. Test Results:

A. Cognitive

1. Wechsler Intelligence Scale for Children-Revised (WISC-R)

Verbal	**SS**	**%**	**Level**	**Performance**	**SS**	**%**	**Level**
Information				Picture Completion			
Similarities				Picture Arrangements			
Arithmetic				Block Design			
Vocabulary				Object Assembly			
Comprehension				Coding			
(Digit Span)				(Mazes)			

Verbal Scale IQ Score .....
Performance Scale IQ Score .....
Full Scale IQ Score .....

(± at 95% confidence level)

VII. Summary:

VIII. Recommendations:

Supervisor

Graduate Student

Statistical Analysis

About one-third of the surveyed psychologists reported that they used a computer to perform statistical analyses. A few years ago, only mainframe packages could analyze data. Today, microcomputers can perform nearly all the sophisticated statistical procedures.

Statistical software packages for personal computers vary in capabilities and price. As with any software, it is best to match the program to the skills of the user. Good statistical software packages will have the following characteristics:

- correct computations;
- error trapping, which prevents the user from making a mistake and crashing the program;
- easy data entry and correction of mistakes made during data entry;
- clearly written manuals that contain computational formulas, and
- general ease of use.

Statistical software packages that process complex statistical analyses generally take longer to learn than those that provide more basic computations. School psychologists may not need all of the features of the more sophisticated programs and should carefully analyze their statistical needs before purchasing a program.

Statistical programs are specialized to complete descriptive and inferential data analysis. For example, most statistical programs will calculate standard deviations, corrections, and ANOVAs. In contrast, a spreadsheet—a rectangular array of individual cells which make up a matrix—is commonly used to calculate budgets and project the budgetary impact of changes in costs, production, or demand. The development of spreadsheet programs helped legitimize the personal computer in American businesses. For example, Microsoft Excel has 16,384 rows and 256 columns. Words, numbers, or formulas may be entered in any of the cells.

School psychologists may use spreadsheets for accounting or projection tasks. Spreadsheets also may be used to produce a graph of a child's assessment scores. Graphic output of assessment data may be employed to clearly communicate a child's strengths and weaknesses to parents and professionals. Figure 2 presents an example of such a graph.

Database Programs

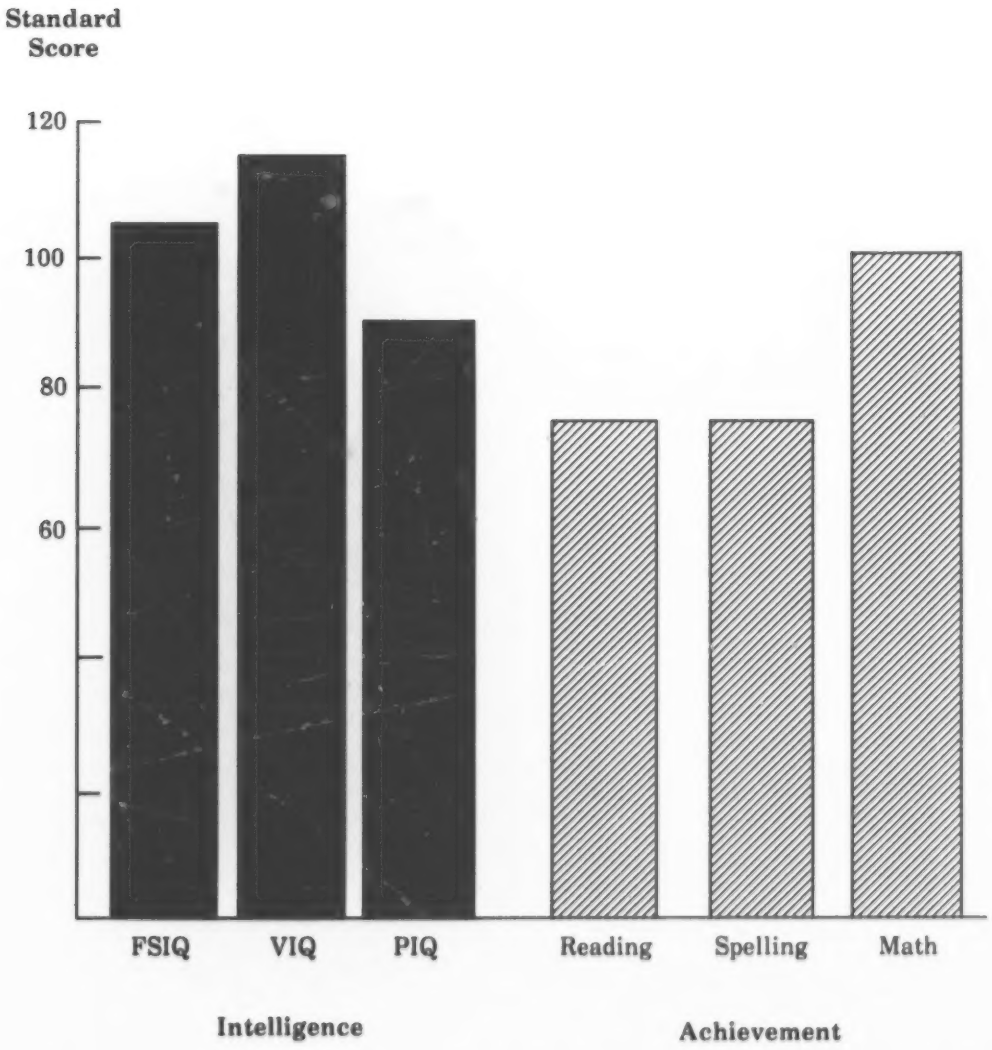
Databases may be thought of as electronic filing cabinets. They allow an individual to store, sort, retrieve, revise, and print information. A person can store an entire file drawer on one diskette or an entire file cabinet on one hard disk. Databases may be very useful after they are created. However, someone needs to enter the information into the database. Entering data can be an onerous task as the data must be placed in a rigid data structure, and the database must be continuously updated.

School psychologists may employ a database program to maintain information obtained from children they evaluate. They may use their database information to conduct research projects, complete yearly reports, or document intellectual and academic changes in a child over time. They may also use databases to store behavioral data and monitor behavioral change.

In a national survey of school psychologists, McCullough, Andre, and Olson (1985) reported that practitioners rated behavior intervention programs higher than all other instructional intervention programs available for computers. Behavior management programs, which essentially are databases containing checklists of school-related problems and applicable behavioral interventions, are commercially available, but they vary

Figure 2

Sample Graph of a Child's Assessment



in their effectiveness and utility. School psychologists may want to develop their own behavior management databases. When developing such a program, the psychologist may include the program in a database for future use and/or enter the program in a regional database which could be maintained, expanded, and serve as a resource for a large group of school psychologists.

Telecommunications

According to the Frankenburger, Fontana, and Harper (1987) survey, few psychologists (6 percent) use their computer for telecommunications. However, telecommunications let the school psychologist become more readily informed about the latest research in a particular area and about innovative programs implemented in other areas. Access to this information could allow the psychologist to become a stronger resource within the school system.

A computer needs to be equipped with a modem and communications software to access commercial database systems. With this equipment, the user can communicate with other computers or database systems over telephone lines. Hundreds of databases are currently available, and many more are being developed. Database systems of particular interest to psychologists include Bibliographic Reference Service (BRS), BRS/After Dark, and DIALOG (DIALOG Information Services). Although these systems differ in terms of enrollment fees and hourly connection charges, they allow school psychologists to access databases such as Psyc INFO, ERIC (Educational Resources Information Center), CJIE (Current Journals in Education), and ECER (Exceptional Child Education Resource). These databases provide users with access to literature in psychology, psychiatry, mental health, sociology, anthropology, education, pharmacology, and linguistics.

In addition to the systems currently available, newly developed bulletin board systems (BBSs) may have direct impact on school psychologists. BBSs can provide direct communications among school districts in the state and the Wisconsin Department of Public Instruction. Such a system could enhance information exchange and dissemination. Other agencies may develop BBSs which could help coordinate educational, social, psychological, and medical resources for handicapped individuals and their families.

Ethical Issues

The survey of Wisconsin school psychologists (Frankenburger, Fontana, and Harper, 1987) revealed three general areas of ethical violations. First, the survey reported a number of copyright infringements of computer software. These violations have been an area of great concern because they lack clarity (Turkington, 1984). As a result, more and more computer software copyright violations will be brought to court, thus forcing the law to become stricter. However, in the absence of any clearly delineated guidelines, state and national organizations must take the lead in developing appropriate guidelines for school psychologists to follow.

Second, school psychologists were concerned about the improper and uncritical use of test analysis programs which make it possible for individuals who are not adequately trained to administer and report the results of various psychological tests. Psychologists also were concerned that they will be asked to use software-generated reports to increase the number of evaluations they are able to conduct during a year.

Third, psychologists violate professional ethics if they do not inform parents that computerized records exist. According to NASP's principles of professional ethics, the school psychologist is ethically responsible for informing parents of the nature of records made of parent conferences and student/client evaluations (Thomas and Grimes, 1985). As school psychologists develop more student databases, it will become more important to apply existing ethical guidelines to computer use in the profession.

Summary

As increasing numbers of school psychologists integrate microcomputers into their practices, it is of the utmost importance that all current and future school psychologists receive appropriate computer-related training. This training should concentrate on the efficient and ethical use of computers in school psychology-related activities. Through training and experience, school psychologists will place themselves in a position to make informed decisions about the future use of microcomputers in their profession.

Stress and School Psychological Roles

by Jerry Harper and Scott Wild
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Stress

It has been well documented that school psychology is a high-stress occupation. Wise (1985) notes that overall stress is in the moderate range and that many of the most potent stressors occur in low frequencies. However, the omnipresent "not having enough time to perform a job adequately" ranked very high as a source of stress. Other stressful events for school psychologists are included in Table 10.

According to Reiner and Hartshorne (1982), who surveyed 43 Kansas school psychologists about job-related stressors, those that ranked highest were excessive caseloads, not enough time, and lack of support or appreciation.

It would appear that Wisconsin school psychologists need to establish realistic goals and limit their caseloads. Wisconsin school psychologists report a wide difference in the number of caseloads they handle annually, ranging from 0 to 300 clients with most caseloads ranging from 80 to 120 each year. Caseloads may be influenced by district requirements, position requirements, and psychologist's preferences.

Kicklighter and Bailey-Richardson (1984) surveyed school psychologists in Georgia and found that nine to 11 hours are spent on an average evaluation when all related tasks are taken into account. This would mean that if 120 cases are handled over the course of a school year, between 1,080 and 1,320 hours would be spent on evaluations. Considering that there are 1,600 available hours in a 40-week school year, a caseload of this size would consume most available time and would leave little opportunity for other activities.

Another possible cause of job-related tension for school psychologists is poor role definition or clarity. Wright and Thomas (1982) presented evidence that this is especially stressful for those who require clarity in all aspects of their lives. Benson and Hughes (1985) reported that environmental factors, such as size or setting of the school system and locus of administrative responsibility for school psychology, were not significant determinants of the psychologist's role. They also stated that the psychologist can be an important determinant in their own role definition and may underestimate his or her level of influence on job functioning.

The responsibility for writing job descriptions often falls on the school psychologist, and if it does not, the psychologist is usually in a position to influence those who write the descriptions. When the psychologist is involved in writing job descriptions, he or she is less likely to experience a discrepancy between actual and ideal job functions. Informing administrators of professional standards for school psychological services was also given as an effective strategy for clarifying role definitions (see Appendix F). These studies indicated a need for more influence by professional organizations, teachers, parents, and school psychology trainers.

Table 10

Statistical Ratings of Stressful Events for 534 Subjects

Event	Rank	Mean	Standard Deviation
Notification of unsatisfactory job performance	1	7.1	2.5
Not enough time to perform job adequately	2	6.6	2.1
Potential suicide cases	3	6.5	2.2
Working with uncooperative principals and other administrators	4	6.4	2.0
Feeling caught between child's needs and administrative constraints (i.e., trying to "fit" a child into an existing program)	5	6.3	2.0
Threat of a due process hearing	6	6.3	2.3
Lack of appropriate services for children	7	6.1	2.0
Child abuse cases	8	6.0	2.1
Incompetent and/or inflexible "superiors"	9	6.0	2.4
A backlog of more than five reports to be written	10	6.0	2.1
Working in physically dangerous situations (e.g., gang-ruled high schools)	11	5.8	2.8
A backlog of more than ten referrals	12	5.8	2.2
Pressure to complete a set number of cases (e.g., testing at least 100 children per year)	13	5.7	2.4
Conferences or staffings with resistant teachers	14	5.6	1.8
Conferences or staffings with resistant parents	15	5.4	1.9
Teacher dissatisfaction with your recommendations	16	5.2	1.8
Report writing	17	5.1	2.1
Conducting inservice workshops	18	5.0	2.0
Keeping your district "legal" (i.e., in compliance with federal, state, and local regulations)	19	4.9	2.1
Public speaking engagements (e.g., Parent-Teacher Association)	20	4.8	2.3
Insufficient recognition of your work	21	4.8	2.2
Telling parents their child is handicapped	22	4.8	1.9
Lack of consensus in a staffing	23	4.6	2.0
Inadequate secretarial help	24	4.3	2.4
Being told that you "have it easy" by classroom teachers	25	4.2	2.2
A change in the schools or districts you serve	26	4.1	2.1
Lack of contact with professional colleagues	27	4.1	2.1
Screening bilingual children	29	4.1	2.0
Conducting parent groups	29	4.1	1.9
Lack of availability of appropriate assessment materials	30	4.0	2.3
Impending teachers' strike in your district	31	3.9	2.7
Supervising an intern or school psychology graduate student	32	3.5	1.8
Keeping up with current professional literature	33	3.4	1.8
Carrying testing equipment around in unfavorable weather conditions	34	33.1	2.2
Spending time driving between schools	35	2.4	1.7

Adapted from P.S. Wise, "School Psychologists' Rankings of Stressful Events," *Journal of School Psychology* 23, 1985.

Burnout

"Burnout" is the term used for the effects of stress on the job. Freudenberger (1977) defined burnout as "falling, wearing out, or becoming exhausted through excessive demands on energy, strength, or resources." It often develops gradually, with the individual unaware of it at first. Only when burnout becomes unmanageable does it come to the attention of coworkers. Freudenberger (1980) developed a burnout questionnaire which helps an individual determine whether he or she may be in danger of burning out. Freudenberger's questions, and their implications, are reproduced in Sample 2.

Daley (1979) and LeGrand (1980) have suggested strategies for preventing burnout. Daley listed possible supervisory and organizational level strategies, and LeGrand listed possible individual strategies. Strategies from both authors are summarized in Sample 11.

Participants in a burnout study done by Reiner and Hartshorne (1982) were particularly concerned with possible strategies for dealing with excessive caseloads. They reported determined that most case overloads are a combination of too many things to do and cases too difficult to handle. Most school psychologists are assigned to schools based on the number of students, a practice that does not consider difficulty of cases. A psychologist pool system, in which help could be obtained for difficult cases or if the number of cases became too great, was considered as a possible solution. Unusual cases could be more easily coped with if psychologists developed specialities through inservices or individualized training. Psychologists and their supervisors should work together to identify stress-causing agents and to distribute caseloads to take advantage of individual strengths.

Even though most school psychologists appear to be satisfied with their work, as many as 14 percent report dissatisfaction (Anderson, Hohenshil, and Brown, 1984). Solly and Hohenshil (1986) found that 35.8 percent of 106 rural West Virginia school psychologists were dissatisfied with their jobs. They pointed out that this is higher than the dissatisfaction reported for individuals in education or mental health occupations as well as the workforce in general. The major source of dissatisfaction for school psychologists was related to school system policies and satisfaction was related to social service, coworkers, and activity.

Good professional relationships help prevent job dissatisfaction and burnout. Solly and Hohenshil (1986) recommended that the profession should work toward assuring professional contact among school psychologists, particularly in the rural areas where dissatisfaction seems to be unusually high.

■ Sample 2

Freudenberger's Burnout Questionnaire*

Instructions: Think of office, family, and social situations, then take about 30 seconds to answer each of the following questions. Assign each a number from 1 (for no or little change) to 5 (for a great deal of change) to show the degree of change you have perceived in each area.

_____ 1. Do you tire more easily? Feel fatigued rather than energetic?

_____ 2. Are people annoying you by telling you, "You don't look so good lately"?

_____ 3. Are you working harder and harder and accomplishing less and less?

_____ 4. Are you increasingly cynical and disenchanted?

_____ 5. Are you often invaded by sadness you cannot explain?

_____ 6. Are you forgetting (appointments, deadlines, personal possessions)?

_____ 7. Are you increasingly irritable? More short-tempered? More disappointed in the people around you?

_____ 8. Are you seeing close friends and family members less frequently?

_____ 9. Are you too busy to do even routine things like make phone calls, read reports, or send out your Christmas cards?

_____ 10. Are you suffering from physical complaints (aches, pains, headaches, a lingering cold)?

_____ 11. Do you feel disoriented when the activity of the day comes to a halt?

_____ 12. Is joy elusive?

_____ 13. Are you unable to laugh at a joke about yourself?

_____ 14. Does sex seem more trouble than it's worth?

_____ 15. Do you have very little to say to people?

Now, add up the numbers and put yourself on the burnout scale. Do not be alarmed by high numbers; this is only an approximation and a guide to help you on your way to a more satisfying life. Burnout is reversable at any stage if you start being kinder to yourself.

The Burnout Scale

0-25	You are doing fine.
26-35	There are things you should be watching.
36-50	You are a candidate.
51-65	You are burning out.
over 65	You are in a dangerous place, threatening to your physical and mental well-being.

*Adapted from H.J. Freudenberger, *Burnout: The High Cost of High Achievement*, Garden City, NY: Anchor Press, 1980.

Table 11

Strategies for Burnout Prevention

Supervisor*

1. Making time-outs available
2. Facilitating peer support
3. Using supportive techniques
4. Providing performance feedback
5. Assigning jobs appropriately

Individual**

1. Cognitive modification
2. Exercise outlets
3. Relaxation techniques
4. Stimulus control
5. Time management

Organization*

1. Improving training
2. Regulating caseload and difficulty
3. Developing career ladders
4. Improving upward communication

*Adapted from M.R. Daley, "Preventing Worker Burnout in Child Welfare," *Child Welfare* 58, 1979.

**Adapted from L.E. LeGrand, "Reducing Burnout in the Hospice and Death Education Movement", *Death Education* 4, 1980.

4

Special Programs

Overview

Children at Risk
Rachel Gundersen

Suicide Prevention
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Gifted and Talented
Rachel Gundersen

Teenage Parents and Pregnancy Prevention
Rachel Gundersen

Alcohol and Other Drug Abuse
Rachel Gundersen and Sean Mulhern

Child Abuse and Protective Behaviors
Rachel Gundersen

Student Discipline and Truancy
Greg Jenks

Early Childhood Programs
Stacey McLinden and Lynn Miller

Overview

In 1985, the Wisconsin legislature enacted state mandates for school and community programs for children at risk. These mandates have had a major impact on the practice of school psychology in Wisconsin. The model for practice that is evolving as a result of legislation is a collaborative approach between school and community and within schools through pupil services teamwork.

Legislation enacted in 1985 addressed the problem area of youth suicide prevention, child abuse and protective behaviors, gifted and talented programming, children at risk, and teenage parenting. Legislative requirements that deal with drug and alcohol abuse were enacted in 1979 and were expanded in 1987 and 1988. This legislation reflects recognition that student problems are not the fault or responsibility of schools alone, nor are they strictly an urban problem, but they are reflective of economic, social, and health crises in urban and rural Wisconsin. These crises are mirrored in numerous ways that affect children's school attendance, achievement, and physical and mental health.

While there has been a recent trend for society to push more child care and socialization roles upon the school, the Wisconsin legislative approach is based on the philosophy that problems of youth are community problems that require community solutions. Therefore, the mandates detailed in this section all focus on community-based, school-focused prevention and intervention programs.

A partnership is encouraged, since schools have access to youth and understand youth issues while the community has resources not otherwise available to the school. While some school districts and communities will need only to develop comprehensive plans to coordinate existing services and resources, others will need to augment existing services and create new ones to meet community needs.

Several of the legislative mandates included additional staff funding appropriations. However, most do not involve significant amounts of money flowing to local school districts. Help from state departments has been primarily in the form of information, education, and coordination between governmental agencies, such as the Department of Health and Social Services, Department of Public Instruction, and the Department of Justice.

Most mandates promote use and coordination of existing resources and service delivery systems, including school psychology. The legislative mandates have provided the opportunity for more comprehensive practice of psychology in the schools.

There is likely to be underutilization of school psychologists in those school districts where the role of the school psychologist has been to function exclusively as a member of an exceptional educational needs (EEN) multidisciplinary team (M-team). The new trend of the 1980s is for Wisconsin school psychologists to function as members of pupil services teams along with counselors, school social workers, nurses, pupil services administrators, and other staff members to meet the needs of students with many types of needs, not only those with EEN. This trend includes increased cooperation and collaboration with parents and community, because many students' problems have their roots in familial, economic, and societal spheres. The trend stresses prevention activities.

The role that a school psychologist assumes as a result of these mandates depends on the

- availability of other pupil service providers,
- personal perceptions of competence in these areas, and
- others' perceptions of the school psychologist's competence to function as a prevention or intervention agent.

School psychologists who are already functioning successfully in an expanded role have found that they had prerequisite skills and knowledge that were transferable to these new tasks. Others have sought additional training in specific skill areas, such as suicide assessment and intervention and alcohol and other drug abuse prevention and intervention. They have had to expand their roles beyond the schoolhouse doors into their communities to become initiator, coordinator, innovator, advocate, and change agent.

Within this new trend, the functions of the school psychologist remain the same: assessment, consultation, intervention, evaluation, and research. However, the scope has broadened.

Children at Risk

by Rachel Gundersen
La Crosse School District

Traditionally, school psychologists have served at-risk children by helping to identify them and by providing appropriate alternative programming and services to meet their needs. However, identifying this population can be difficult because the term "children at risk" has many definitions, and these definitions likely will change as we learn more about how to help these children.

Legislation

In 1985, the Wisconsin legislature expanded the "at risk" concept by addressing the fact that 10,000 high school students drop out of school annually. The legislature enacted s. 118.153, Wisconsin Statutes, which identified a distinct category of children at risk—those who are dropouts or potential dropouts. School districts were charged with the responsibility to identify these children and to work with the community to provide prevention and intervention services. School boards are required to have a plan to meet the needs of these children.

Currently, the Department of Public Instruction recognizes "children at risk" to mean children who are one or more years behind their grade or grade level in mathematics or reading skills or in the number of credits attained, and who are or have ever been any of the following:

- a school dropout,
- absent from school for all or part of 20 school days during the previous 175 school days without excuses considered acceptable by the school district,
- adjudicated delinquent, or
- a parent.

While the Children At Risk statute refers to a very specific population, the term "children at risk" is a widely used phrase which includes children victimized by a variety of health, social, educational, and economic factors. The children's inability to cope with such stressors affects their school attendance and performance.

The Department of Public Instruction's publication, ***Children At Risk: A Resource and Planning Guide***, clarifies and interprets some unclear language in the statute and contains references to other relevant statutes dealing with truancy, delinquency, the children's code, school-age parents, general school operations, and residency requirements as well as high school graduation standards. It also contains numerous references to local, state, and national programs and resources as well as formats for attracting, developing and linking community resource networks. The publication emphasizes early intervention and the necessity for development of school-family-community coalitions to address the problem of children at risk.

The term "children at risk" may be used by various other agencies in the community to describe different populations and initiatives proposed or undertaken for those specific target populations. It is important to distinguish between intervention requirements for compliance with the Children At Risk statute and with other community intervention programs.

Precedent for Legislation

One in seven of Wisconsin's ninth-grade students does not graduate from high school four years later. In 1985, the Department of Public Instruction staff undertook research to identify some of the factors that place children at risk of dropping out. Reasons include the following:

- chronic school truancy;
- lag of one or more years in age or grade level in basic skills/academic achievement;
- disruptive school behavior;
- physical and/or sexual abuse/neglect;
- low parental expectations for success;
- parents who place little value on education;
- family trauma such as divorce, separation, death, or unemployment;
- cultural diversity (language, customs, or educational expectations);
- ethnic, economic, or cultural disadvantage;
- school-age parenting as a mother or father;
- adjudicated delinquent;
- a family history of school dropouts;
- school suspensions; and
- personal and/or family drug/alcohol abuse (Department of Public Instruction, *Children At Risk: A Resource and Planning Guide*, 1986).

It should be noted that the 1985 Children At Risk law did not address all of the factors identified by the DPI and that children identified according to the statute definition of children at risk will represent only a small number of children in kindergarten through grade 12 whose school attendance and achievement are or may become at risk.

Role and Function of School Psychologists

School psychologists have always been involved almost exclusively with children at risk. Most will admit that this target group—the dropouts and potential dropouts—are those students whose failure has been the most disappointing and frustrating aspect of the practice of school psychology. These are the students who have "fallen through the cracks" for the lack of early identification or appropriate services. This population also may include students who have been provided the whole range of exceptional education programs but continue to fail due to the lack of family or community support or the appropriate coordination of services.

School psychologists can have an impact on the Children At Risk initiative in their district by contacting the school district's Children At Risk program coordinator, obtaining a copy of the district's plan, and discussing with the coordinator the school psychologist's role in the plan's implementation. School psychologists also can use the survey on pages 169 through 173 of the DPI's publication, *Children At Risk: A Resource and Planning Guide*, to determine which programs are in effect in their district and where gaps in service exist. They then could volunteer to help establish or implement programs or services that are absent. Some representative examples of Children At Risk programs are as follows:

- student assistance programs,
- Carl D. Perkins Vocational Education Act programs,
- alternative high schools,
- curriculum options (including university and technical school programs),
- programs for parents of children at risk, and
- communication systems with health and social service providers.

Although school psychologists will continue to do what they have done in the past, greater creativity in solving children's problems and more coordination of services to youth is needed. To that end, it is essential to know what other segments of the community are doing to prevent dropouts, to tailor a dropout prevention program to meet the unique needs and resources of a particular community, and to continue in the role of child advocate by publicizing the unmet needs of youth.

Suicide Prevention

by Rachel Gundersen
La Crosse School District

In 1985, Wisconsin became one of the first states in the nation to enact legislation encouraging schools to develop programs designed to prevent suicide among minors and encouraging local collaboration between schools and community agencies to deal with the increase of suicide among youth.

Legislation

The 1985 Wisconsin suicide prevention law is discussed in detail in the Department of Public Instruction's publication, *Suicide Prevention: A Resource and Planning Guide* (see Appendix E). The law does the following:

- creates a seven-member Youth Suicide Prevention Council, with representatives appointed by the DPI, the Department of Health and Social Services (DHSS), and the Council on Criminal Justice, to advise the state superintendent on matters pertaining to youth suicide prevention;
- appropriates $3,000 annually to each of the 12 cooperative educational services agencies (CESAs) to develop youth suicide prevention programs in their service areas;
- directs the DPI and the DHSS to provide suicide prevention training programs to county social services agencies, mental health boards, and public and private schools;
- directs the DPI and the DHSS to provide consultation and technical assistance to county social services agencies, mental health boards, and public and private schools;
- directs school districts to have in place a suicide prevention curriculum by July 1, 1988; and
- protects from civil liability any person who, in good faith, refers a student for being potentially suicidal.

Precedent for Legislation

This legislative action resulted from increased national and statewide recognition of suicide as a serious problem among children and youth. According to the Department of Public Instruction's resource and planning guide, the following statistics support the need for suicide prevention programs:

- Nationally, 100,000 youth attempt suicide every year; at least 5,000 succeed.
- Suicide is the third leading cause of death for those 19 and younger.
- More than 1,100 Wisconsin elementary and secondary students attempted suicide during the 1984-85 school year.

- Department of Health and Social Services figures show that an average of 57 youths died by suicide each year from 1981-83.
- Ten to 25 percent of any high school population is considered to be at risk of suicide sometime during the school year.

(Note: Caution is urged in using these figures because they may reflect an underreporting of suicides and suicidal attempts.)

The Wisconsin approach to suicide prevention is based on the following philosophy:

> Youth suicide is a community problem requiring a community solution. For that reason, youth suicide prevention is best served if it is done on the basis of a *community-based, school-focused* approach. Community agencies and schools working together have access to youth, understand youth issues, and possess the means for prevention and treatment. This approach maximizes resources and is more cost effective than schools and community agencies operating separately. (Department of Public Instruction, *Suicide Prevention: A Resource and Planning Guide*, 1986, p. 1.)

Role and Function of School Psychologists

Every school district should have a suicide prevention policy. Specific suicide intervention and postvention strategies should also be outlined as well as procedures for utilizing community resources.

Prevention

The DPI's resource and planning guide recognizes both primary and secondary prevention. Primary prevention is defined as encompassing a variety of activities that help people engage in tasks that develop a positive self-image and coping skills rather than addressing identified problems. Secondary prevention, by contrast, refers to programs and services designed to meet recognized student needs in a specific area or areas. Student assistance and drug and alcohol programs are examples of secondary prevention

School psychologists can assist with the suicide prevention program through

- participation in development of a K-12 curriculum in subjects addressing human growth and development (health education, home economics, etc.);
- direct classroom instruction that addresses coping skills, decision making, stress, and risk-taking behaviors in health education classes as well as social studies classes (to teach the relationship of unemployment to suicide), sociology and psychology classes, English classes (when assigned readings address emotional/mental health topics), and home economics classes;
- participation in activities to improve school climate so all students and staff view their environment as a helping, caring, personal system;
- development of and participation in inservice programs and workshops for school staff, students, and parents on depression and suicide prevention;
- development of an in-school and school-community referral system, such as a student assistance program, for all students with problems;
- participation as a facilitator in student support groups; and
- coordination of the school's suicide prevention activities with those of community agencies and groups.

Intervention

Intervention activities begin with identification of students who are at high risk of suicide. Intervention activities include assessment of the severity of a student's suicidal ideas or plans, referral to an intervention source in the community if necessary, consultation with parents and school staff, modification of the school environment for the high-risk student, and provision of counseling on a one-to-one basis and through support groups. An example of an intervention strategy is the rule that two staff members (i.e., guidance counselor, school psychologist, nurse, social worker) must always be involved with a high-risk student during the assessment and intervention stage, which reduces any particular staff member's risk in making a wrong decision and increases the possibility that a valid assessment and intervention plan will be implemented.

A school psychologist might also be involved in actual crisis intervention during a suicide threat or suicidal gesture that takes place in a school setting.

Follow-up activities with a student who has engaged in suicidal behavior might include the following:

- acting as a liaison between the school and the treatment provider (hospital, psychiatrist, social service agency);
- providing continued supportive counseling in the school or referral to a peer support group;
- reviewing the school's program to determine whether individual alterations need to be made;
- consulting with staff for classroom interventions;
- referring the student for exceptional education services;
- helping the student develop a personal support system; and
- helping the student get involved in "healthy" cocurricular or community activities.

Postvention

Postvention activities follow a suicide by a student or a member of a student's family, or they may follow a suicidal attempt or gesture. Goals of a postvention plan should be to prevent feelings of guilt, anger, and responsibility and to prevent the "contagion" effect. Since the suicidal act of one student may trigger multiple suicides, it is important that a school district has a plan to implement if a suicide occurs and that staff are aware of the procedures. Pupil services personnel and appropriate community members should be made available to meet with students, parents, and staff members to present facts about the suicide and to deal with feelings and reactions. The student's immediate peer group needs to be identified and dealt with individually or in small groups. No large assemblies should be held nor should school be dismissed.

While the general training program for school psychologists provides an excellent background in suicide prevention activities, it is strongly recommended that specific training in suicide prevention be undertaken by all pupil services personnel before they become involved in such activities. One- and two-day workshops are often available through the DPI, CESAs, DHSS, and private organizations. Such workshops should include training in identification of signs of potentially suicidal students, assessment procedures, and intervention techniques. Related workshops on child and adolescent depression are also helpful since depressed youth are at high risk of suicide. Many publications are available on this topic.

School psychologists should become familiar with community resources, including the police department, county human services agency, agencies that deal with people in crises (churches, private counseling groups, hospitals), crisis lines, and groups that serve youth.

It is important to know what resources are available in both crisis and noncrisis situations. It is most helpful for school personnel to make contacts as often as possible so the "link" is in place when it is needed in an emergency.

The school psychologist should develop a crisis intervention team if the district does not have one. This would allow the psychologist to work closely with other members of the pupil services team, as suicide prevention is too heavy a burden for one person to bear.

The most noteworthy thing to remember is that if the community's effort at suicide prevention is successful, there will be no need for suicide intervention or postvention.

Gifted and Talented

by Rachel Gundersen
La Crosse School District

Legislation

An early bill addressing the needs of gifted and talented students was introduced into the 1982 legislature but was not approved. The bill called for a definition, a permanent advisory council, and a teacher education plan for gifted and talented education. At that time, Wisconsin was one of only three states without a statutory commitment to the gifted and talented. It appeared that the consensus of many legislators reflected a common misconception that "gifted kids make it anyway."

However, in 1985 the Wisconsin legislature enacted s. 118.35, Wisconsin Statutes, which includes a provision requiring school boards to ensure that all gifted and talented pupils have access to a program for that population. In early 1986, the Department of Public Instruction released administrative rules interpreting this act. These rules are as follows:

> PI 8.001 Definitions In this chapter: 1) "Access" means an opportunity, with board approval, and at no cost to the pupil or parent, to study through school district course offering, independent study, cooperative educational service agencies, or cooperative arrangements between school district boards under s.66.30, Stats., and postsecondary institutions.
>
> PI 8.01 (2) (t) Gifted and Talented In this paragraph: a. "Appropriate program" means a systematic continuous set of instructional activities or learning experiences which expand the development of the pupils identified as gifted or talented. b. "Gifted and talented" pupils has the meaning defined in s.118.35(1), Stats.
>
> Multiple criteria for the identification of gifted or talented pupils shall be used including measures of intelligence, achievement, leadership, creativity, product evaluations and nominations. A pupil may be identified as gifted or talented in one or more of the categories under s.118.35(1). The school district shall provide access to appropriate programs...(and)...shall provide an opportunity for parental participation in the planning of the proposed program.

This gifted and talented law became effective July 20, 1985, and in addition to the above, requires that each school board shall report to the state superintendent annually (by August 15) the number of gifted and talented pupils who participated in a program the previous year, along with other information as requested. The impact of the new law will be to accomplish two major objectives: to assure that all school districts in Wisconsin have

identification procedures and programs available for gifted and talented pupils and to require school districts to provide for the needs of the gifted during the regular school day and as an integral part of the curriculum.

In 1987, the DPI created and filled a position for a gifted and talented education consultant. This consultant will work with school districts throughout the state to help ensure compliance with the gifted and talented legislation.

Precedent for Legislation

S. 118.35(1), Wisconsin Statutes, defines gifted students as

> Pupils enrolled in public schools who give evidence of high performance capability in intellectual, creative, artistic, leadership or specific academic areas and who need services or activities not ordinarily provided in a regular school program in order to fully develop such capabilities.

Even with this definition, the percentage of school-age children who could be identified as being gifted and talented varies widely. Estimates range, depending on the identification procedures used, from 2 to 3 percent when an IQ score of 130 is the criterion being used, to 20 percent, based on broader criteria or lower cut-off scores.

The current trend is toward a multidimensional view of giftedness, which includes above average ability and high levels of creativity and task commitment as proposed by Renzulli (1979). This view is reflected in the Wisconsin statute.

The Richardson study (Cox, Daniel, and Boston, 1985) reported that few districts nationally offer carefully planned and administered programs for gifted students throughout the grades. The two leading methods of providing stimulation were found to be in-class enrichment activities and special "pull-out" classes, both methods being termed fragmented and inadequate responses to students' needs.

Leaders of gifted and talented education view the Richardson study (Cox, Daniel, and Boston, 1985) as providing the impetus to move beyond the phase of building awareness and into the phase of getting educational systems to seriously address the advanced learning needs of the nation's brightest minds. This study strongly recommends using multifactor assessment techniques to find the many types of intelligence known to exist, and it emphasizes the crucial importance of comprehensive programs, ranging from flexible pacing in the regular classroom to special classes and schools for the exceptionally able.

Several programming recommendations in the Richardson study (Cox, Daniel, and Boston, 1985) focus on the including rather than excluding of children, avoiding labeling children, moving students ahead on the basis of mastery, and enrichment as well as acceleration.

Role and Function of School Psychologists

Helping a school district develop a complex conceptual framework for giftedness is perhaps the most important aspect of the multiple roles a school psychologist plays in the area of serving the needs of gifted and talented students.

In addition to serving as a resource consultant, opportunities exist for the school psychologist to do the following:

- participate in developing formal identification procedures, including early identification;
- advocate for individualized programming;
- counsel individual students;

- provide inservice and training sessions for teachers and parents;
- help develop learning contracts;
- promote school and districtwide recognition for accomplishments of gifted and talented students;
- act as liaison with community persons and resources available for enrichment, including summer opportunities; and
- assist with research and evaluation of a program's effectiveness.

School psychologists also should remember that participation in a special education program should not preclude students from receiving gifted and talented programming.

If specific course work in the area of gifted and talented education has not been a part of an individual's training, it is essential that Wisconsin school psychologists avail themselves of the many opportunities to attend workshops and college courses dealing with giftedness. One such opportunity is the Wisconsin Council for Gifted and Talented's annual fall conference. In addition, several University of Wisconsin System campuses have established special programs for the gifted and talented. There also are abundant reading materials available and many professionals in gifted and talented education within the state.

Teenage Parents and Pregnancy Prevention

by Rachel Gundersen
La Crosse School District

Before 1985, Chapter 115 of the Wisconsin Statutes recognized pregnancy as a "handicapping condition" for teenage mothers and required that the student be identified as, and receive services provided to, a child with exceptional educational needs. Then, in 1985, the Wisconsin legislature passed two acts that addressed teen pregnancy and parenting in a more comprehensive and realistic manner, including efforts for adolescent pregnancy prevention, which potentially expanded the role of the school psychologist.

Legislation

The 1985 Wisconsin Children At Risk legislation (s. 118.153, Wisconsin Statutes) recognized that teenage parents—both mothers *and* fathers—are among the students at high risk of dropping out of school and considered to be in need of services. While this legislation allowed school districts to expand services previously provided under Chapter 115, only 44 percent of the state's school districts that responded to a 1986 survey by the Department of Public Instruction listed a school-age parent program.

The Abortion Prevention and Family Responsibility Act of 1985 (1985 Wisconsin Act 56)—the second act to address teen pregnancy and parenting—drew national attention. This act addressed the responsibilities and needs of adolescent fathers and made funds available for human growth and development grants, adolescent pregnancy prevention and services, and a state adoption agency. The following excerpts from the act address reasons for the legislation:

(1) The legislature finds that the high number of unintended or unwanted pregnancies and the resultant high number of abortions is a tragic and undesirable consequence of complex societal problems. Strong efforts must be made to ensure that unintended pregnancies do not become unwanted pregnancies. Health care providers, public and private schools, social service agencies, community and volunteer groups and members of the clergy must work with families and develop programs to promote constructive life values and responsible behavior, with emphasis on educating and counseling.
(2) The legislature finds that programs must be made available to assist adolescents in acquiring decision making skills, enhancing their self-esteem, learning responsible behavior and realizing their full potential.
(3) During pregnancy and after pregnancy adolescent parents should be informed on how to keep themselves and their babies healthy and should be given the skills needed to achieve economic self-sufficiency.

The 1985 Wisconsin Act 56 requires school districts to offer comprehensive curriculums on human growth and development and related health and safety practices, including mental health and sexually transmitted diseases, to all elementary and secondary students. However, student participation is voluntary and the act does not mandate a specific curriculum.

To develop this curriculum, the act directs school districts to form an advisory committee composed of staff, students, parents, and community representatives. Instruction may including the following topics:

- self-esteem, responsible decision making, and personal responsibility;
- interpersonal relationships;
- discouragement of adolescent sexual activity;
- family life and skills required of a parent;
- human sexuality, reproduction, and contraception, including natural family planning, prenatal development, childbirth, adoption, available pre- and postnatal support, and male responsibility; and
- sex stereotypes and protective behavior.

A district's school-age parent program, expanded by the act to include school-age fathers, must offer education in parenting skills, adoption services, and family planning. The act also requires these school programs to be coordinated with community resources, including vocational and job-training programs. To encourage such cooperative efforts, some of the funds allocated for grants under this act may go to nonschool programs.

The act also allows for the establishment of adult role-model programs and adolescent health clinics located in schools.

Precedent for Legislation

In 1986, the Children's Defense Fund disclosed that teen pregnancy is epidemic among all races and classes of American youth today. Each day, more than 3,000 teen girls become pregnant; 2,300 of the pregnancies are unintended. Teen mothers give birth to 1,300 babies daily. Eight hundred of them have not completed high school; 100 have not even completed ninth grade. Each day, 500 school-age teens have abortions, 26 13- and 14-year-olds have their first child, and 13 13- to 16-year-olds have their second child.

Each year, one American teen in ten becomes pregnant, compared to fewer than one teen in 20 in England, France, or Canada, and one in 30 in Sweden. Teen pregnancy rates among white American teens are twice those in other industrialized nations. Of the more than one million teen pregnancies annually, 125,000 are to girls 15 and younger, three out of four are unintended, and about one in two ends in abortion.

In Wisconsin, statistics show that more than 7,700 school-age girls became pregnant in 1984, resulting in more than 5,500 births. Approximately 1,150 of the births to Wisconsin teenage mothers are repeat pregnancies.

Teen pregnancy is costly for teens, for their babies, and for society. Forty percent of teenage girls who drop out of school do so because of pregnancy or marriage. Only half of the teens who become parents before age 18 graduate from high school. A teen parent earns half the lifetime earnings of a woman who waits until age 20 to have her first child. And babies born to single mothers are two and one-half times more likely to to be poor than those born in two-parent families.

In 1983, only 54 percent of all teen mothers began prenatal care in the first three months of pregnancy. Babies of mothers who receive late or no prenatal care are three times more likely to die in their first year of life than those who receive early care.

Role and Function of School Psychologists

The acts passed in 1985 for children at risk programs and school-age parent programs increased role expansion opportunities for school psychologists. While some pregnancy prevention programs have been implemented through the health education curriculum, school psychologists have acted as consultants in the development of such programs and served as resource people for materials and classroom presentations at both the elementary and secondary levels. Other aspects of the school psychologists' role have include providing individual and/or group counseling for high-risk or affected youth; referring students to community-based services; advocating for the creation of in-school programs, including child care; and coordinating individualized programming plans.

As with other Children At Risk initiatives, the most effective programs are community-based and reflect the needs and values of that community.

Each cooperative education services agency employs a human growth and development coordinator who is an excellent source of information and materials. In addition, local health and human services departments, family planning centers, and hospitals often can provide information or services for teenage pregnancy prevention programs.

Alcohol and Other Drug Abuse

by Rachel Gundersen
La Crosse School District
and
Sean Mulhern
Wisconsin Department of Public Instruction

Few other pupil services activities have received as much national and statewide publicity as drug and alcohol abuse. Drug and alcohol abuse is viewed as a contributing factor in almost all of the problem areas discussed in this chapter. It was the first of the Children At Risk initiatives addressed by the state legislature and, more recently, by a multimillion dollar measure in the Ninety-ninth Congress.

Legislation

In 1979, the Wisconsin legislature created s.115.36, Wisconsin Statutes, (assistance for alcohol and other drug abuse problems) encouraging schools to develop "comprehensive" drug abuse prevention and intervention programs. In subsequent years, the Department of Public Instruction distributed $2.2 million directly to school districts for these programs.

The DPI's alcohol and other drug abuse (AODA) programs have focused on prevention and assistance to youths experiencing drug abuse problems. These programs are designed to help schools address these problems by providing training, information, technical assistance, and additional needed funds.

Precedent for Legislation

Statistics compiled by the DPI show that the 1979 legislation fulfilled a need in Wisconsin schools. Since 1980, an annual average of 725 staff members received specialized AODA training, and more than 108,000 students received services during the first five years. However, the demand for financial support for local districts' AODA programs far exceeds supply. Recent federal legislation may help to provide more of the necessary resources in the future.

Meanwhile, in 1986, the DPI proposed a three-pronged approach to AODA prevention and intervention efforts.

- Establishing a network of parents, schools, and youth working together as a team and involving their communities to help them identify and deal with drug problems through a series of DPI-sponsored regional forums.
- Providing and promoting statewide implementation of a comprehensive K-12 AODA curriculum, with assistance from the three state councils on AODA.
- Calling for every school board to have strong policies which include procedures for educating and counseling students as well as taking appropriate disciplinary action.

Most AODA prevention and intervention projects in the state use the student assistance programs (SAP) format to provide information and assistance to students identified through a referral network as having personal problems associated with drug or alcohol use or who need help because of a family member's drug abuse. SAP services usually include individual and/or group counseling and referral to community resources.

The most successful student assistant programs are often supported by extensive community involvement, such as a task force or advisory council, and coordinated efforts among schools, parents, law enforcement, human services agencies, and the private sector. These programs may employ a generic approach, which deals with referral and services for a wide range of adolescent problems. They always follow the "team approach" format, which involves administrators, teaching staff, pupil services personnel, students, and parents.

Two Wisconsin student assistance programs—in the La Crosse and New Holstein school districts—were recognized in spring 1986 as being among the top five in the nation at the first National Student Assistance Program Conference in Chicago. In addition, both programs are cited as models in the DPI publication: *Children at Risk: A Resource and Planning Guide*. The La Crosse program also is presented in the DPI's *Suicide Prevention: A Resource and Planning Guide* (see Appendix E).

Role and Function of School Psychologists

Many school psychologists have taken active roles in student assistance programs. They have helped with program development; implemented referral networks; engaged in community coordination and public relations activities; provided information and training at workshops for staff, students, and parents; and acted as facilitators for support groups for students and parents. They also engage in personal counseling and assessment and serve as referral agents. Specific training is available through institutes and workshops.

Despite the increased activity in specific AODA projects in recent years, some school psychologists view their roles as less specialized in AODA initiatives and activities. Rather, they see their role as being an agent within the school system and community to ensure student opportunities for success in both academic achievement and social/emotional growth. This view holds that young people who have acquired skills, set goals, and experienced success are less vulnerable to drug abuse. Therefore, they work within the system as advocates for better education and employment opportunities and with individuals to provide programming for success.

Child Abuse and Protective Behaviors

by Rachel Gundersen
La Crosse School District

Because school psychologists work closely with students they sometimes witness students' behaviors, appearance, or verbal reports that lead to the suspicion of abuse. Psychologists are required by law to report suspected child abuse or neglect.

Legislation

In 1985, the Wisconsin legislature created two statutes in the areas of child abuse and neglect and protective behaviors. The statute addressing child abuse and neglect, s. 48.981, Wisconsin Statutes (1985 Wisconsin Act 29), requires specified professionals, including all school staff, to report in writing suspected cases of child abuse or neglect or threats of such abuse to law enforcement officers or the county social services agency. The county agency is required to investigate the report within 24 hours and to take appropriate action.

The statute addressing protective behaviors, s. 115.367, Wisconsin Statutes (1985 Wisconsin Act 213), requires school boards to provide instruction in protective behaviors for students in grades K-5. It also requires the Department of Public Instruction, in conjunction with the Department of Health and Human Services, to provide protective behaviors training programs for professional staff of public and private schools and counties. The training programs also must include information on how to detect abuse and, if abuse is suspected, the appropriate action to take.

According to s. 118.01(2)(d)8, Wisconsin Statutes, which addresses the goals and expectations of the schools, direct pupil instruction should encompass the following:

> Knowledge of effective means by which pupils may recognize, avoid, prevent and halt physically or psychologically intrusive or abusive situations which may be harmful to pupils, including child abuse, sexual abuse and child enticement. Instruction shall be designed to help pupils develop positive psychological, emotional and problem-solving responses to such situations and avoid relying on negative, fearful or solely reactive methods of dealing with such situations. Instruction shall include information on available school and community prevention and intervention assistance or services and shall be provided to pupils in elementary schools.

Precedent for Legislation

In Wisconsin, reports of child sexual abuse increased from 955 cases in 1980 to almost 5,000 in 1984, according to the Department of Health and Human Services' 1985 annual

report. An earlier report from the same department concluded that children under the age of four comprised 9.1 percent of the victims of substantiated abuse, while 34 percent of the victims were between the ages of four and ten years. An estimated 20 percent of children will suffer some form of abuse before they graduate from high school.

The Department of Public Instruction's publication, *Dealing with Child Sexual Assault and Abuse: A Resource and Planning Guide*, acknowledges that schools have a unique role to play in prevention and intervention activities with children (see Appendix E). School personnel observe and interact with children daily and are in a position to notice changes in appearance or behavior, and school staff often become trusted adults and important influences on children's lives. Because the majority of abuse cases involve family members or close friends, children need the support of trusted adults outside of the family. Therefore the school staff is the obvious choice for prevention and intervention activities.

Role and Function of School Psychologists

In elementary school, the school psychologist may be the staff member who initially becomes suspicious of possible abuse or may become involved by being designated as the person to whom such suspicions are reported within the school. (Elementary classroom teachers must report their suspicions directly to the county social service agency.) Interaction with the abused child and referral to appropriate authorities then becomes part of the school psychologist's role.

At the secondary level, the school psychologist may be the person to whom a student originally discloses information about abuse. Behaviors associated with abuse are often those that lead to referral to the school psychologist: truancy, running away, suicide attempts, delinquency, drug and alcohol abuse, sexual acting out, or poor school performance. Children with handicaps, especially those in classes for retarded and emotionally disturbed students, have been found to be particularly vulnerable to various forms of abuse.

School districts and communities should have policies, procedures, and appropriate response systems for dealing with suspected child abuse and neglect. The availability of other pupil services personnel may influence the extent in which the school psychologist plays a role in developing and implementing such policies. School psychologists may be involved in annual inservices for staff, direct identification and intervention activities, referral and coordination of services with county agencies, and follow-up services within the schools. While some protective services workers from county agencies prefer to conduct the initial interview, the student may request to be accompanied during the interview by the trusted adult to whom the information was originally disclosed. Consideration for the family is important because, regardless of the outcome of an investigation, the school is likely to continue to work with the family.

The school psychologist may be a significant resource person for kindergarten through grade five classroom teachers in the teaching of protective behaviors and positive psychological/emotional responses. It is part of the school psychologist's role to help create a nurturing, responsive school environment and to build a trusting, cooperative relationship among school, students, and families.

Student Discipline and Truancy

by Greg Jenks
Franklin Public Schools

The *Children At Risk: A Resource and Planning Guide*, published by the Department of Public Instruction identifies chronic truancy and disruptive school behavior as two major factors placing students at risk of not graduating from high school (see Appendix E). Mandated by law, at-risk programs undoubtedly will require the services of school psychologists, though they have always dealt with at-risk students. Schools have been dealing with truants and discipline problems since the beginning of public education. However, the urgency of the law reflects the American public's growing concern over the absence of control in our schools, and in society.

An expanding volume of research highlights the impact that school discipline and truancy have on the lives of educators and the general population. For the twelfth time in 13 years "lack of discipline" topped a Gallup poll as the major problem facing the nation's schools (Gallup, 1985). In another survey, 58 percent of teachers polled reported that misbehaving students are the primary cause of job-related stress (Newell, 1981). More than 90 percent of 1,282 teachers surveyed in a recent study reported experiencing job burnout (Feiter and Tokar, 1982). Burnout was cited by 25 percent of more than 1,000 teachers questioned by *Learning* magazine as the primary reason for their plans to leave teaching (1979). Other research has shown a sharply increasing crime rate among children, with many crimes being committed by truants (Hanson and Hoeft, 1983). President Reagan also has publicly discussed the increasing problem of violence in our schools. All these facts stress the importance of addressing school discipline and truancy problems.

An all-encompassing review of student discipline and truancy would necessitate commentary on the many social factors contributing to the current problem. This is beyond the scope of this chapter and the typical school psychologist. However, school psychologists, with their training in the behavioral sciences, are valuable participants in pupil service delivery on an individual and organizational level. Practitioners will need to become well versed in prevention and intervention strategies.

This chapter will address the topics of school discipline and truancy individually. A summary of historical factors will lead into a discussion of current practices and legal issues of concern to school psychologists. Best practices of service delivery also will be addressed focusing on individual, consultative and organizational activities.

Student Discipline

Corporal Punishment

Throughout recorded history in the Western world, disciplinary procedures have been synonymous with acts of punishment. American society has consistently conveyed a message to children that severe punishment is the optimum means to solve problems. The history of discipline in American education has been built around the admonition of "spare the rod and spoil the child." The need for punitive disciplinary procedures relates

to the religious concept of original sin, innate evil, and the need to rid children of the devil through physical force (Hyman, Flanagan, and Smith, 1982).

Sabatino (1983) identified many popular punishments in the 1800s, including tying students to desks, verbal humiliation, or shackling students caught running in the hallways. Another punishment placed problem students in a sack or basket which was then hung from the school's ceiling. However, physical force appeared to be a teacher's preferred mode of behavior modification.

> In one of the schools, to which I ascribe the motto, "Authority, Force, Fear and Pain," there were 328 separate floggings in one week of five days, or an average of 65 and 3/5 each day. In another, 18 boys were flogged in two hours in the presence of a stranger. In another, twelve or fifteen in one hour. (Mann, 1855, as cited in Sabatino, p.5)

With the increasing enlightenment of our society, one would expect that corporal punishment would have been eliminated in our schools. However, recent studies indicate that inhumane disciplinary actions are still in existence. Rose (1984) showed that 74 percent of 324 principals polled in 18 randomly selected states used corporal punishment in their schools. In addition, 83 percent felt that corporal punishment was effective in "maintaining the general level of discipline" and 88 percent felt it was effective in "reducing specific behavior problems for specific students."

Documented cases of severe corporal punishment in current times are just as shocking as those reported two centuries ago. In a review of current legal cases, Unks (1980) refers to an eighth-grade boy from Arkansas who was hospitalized for two days following a beating by his principal for talking in class. In South Carolina, a child died from a broken neck after being severely shaken for whispering in class. A private school in Washington, DC, permits its staff to swat students' calves with a yardstick "until they urinate or pop all the buttons off their pants" (Sabatino, 1983, p. 6). Clearly, the belief that physical force is necessary for behavior change continues to be strongly held.

Despite its continued application, corporal punishment has received a plethora of objections from numerous individuals, groups, and organizations. In addition to being objectionable for humanitarian reasons, corporal punishment is not supported by any theory of developmental psychology (Ciminillo, 1980). Many theorists agree that corporal punishment is akin to negative reinforcement and must be continually repeated to effect consistent behavior change. Punishment teaches students what behaviors they need to suppress instead of internalizing more appropriate means of expression (Cryan and Smith, 1981). More importantly, research suggests that corporal punishment contributes directly to increased misbehavior and aggression through the modeling of violence (Bandura, 1965). In addition, developmental research suggests that corporal punishment and other adversive disciplinary procedures used in the schools are inappropriate, inefficient, and ineffective.

Although modern psychologists and sociological theory condemns corporal punishment, these views have not been translated into mandates from legislative and litigative bodies. Until the late 1970s, discipline in the schools was overseen by the doctrine of "in loco parentis," a Latin phrase meaning in the place of parents (Gatti and Gatti, 1983). The notion was established by the courts during the early years of American education to allow school personnel to discipline students as if they were their own children. Under this common law, school officials could use corporal punishment as long as it was "reasonable."

Prior to 1975, a case involving corporal punishment had not been heard by the U.S. Supreme Court (Purcell, 1984). In 1971, a Pennsylvania federal court ruled that parents could veto the use of corporal punishment upon their children by notifying the school in writing. This ruling was applied in most states until a case was sent to the Supreme Court challenging a North Carolina law permitting reasonable corporal punishment

(*Baker v. Owen*). The Supreme Court upheld the lower court's decision allowing corporal punishment in spite of a parent's disapproval. The decision stated that "corporal punishment was not just legitimate, but an essential element in maintaining discipline in the school system" (Gatti and Gatti, 1983). The decision also set procedural standards for when corporal punishment could be used; they consist of the following:

- a child must be forewarned,
- all other available methods must be tried,
- a second staff member must witness the punishment, and
- a written account of the punishment must be granted to parents (Nolte, 1986).

The definition of "reasonable" corporal punishment was addressed two years later in another landmark case, *Ingraham v. Wright*. A junior high school student missed 11 days of school after being struck more then 20 times with a half-inch-thick paddle. The Supreme Court dismissed the plaintiffs' "cruel and unusual punishment" argument by ruling that the Eighth Amendment was "intended to protect criminals, not school children" (Cryan and Smith, 1981). This decision, coupled with the outcome of *Baker v. Owen*, demonstrated that corporal punishment is legal in the eyes of the Supreme Court.

In 1987, the Wisconsin School Psychology Association took a strong position against the use of corporal punishment in the schools and supported legislative bills to ban corporal punishment in schools. The state's corporal punishment law, s. 118.31, Wisconsin Statutes, was created by 1987 Wisconsin Act 303. The law provides that "no official, employe or agent of a school board may subject a pupil enrolled in the school district to corporal punishment." The statute defines corporal punishment as "the intentional infliction of physical pain which is used as a means of discipline." Examples of prohibited disciplinary procedures cited in the act include paddling, slapping, or prolonged maintenance of physically painful positions. Language is included in the act to ensure that it is not applied to minor or accidental physical contact between students and staff, and does not prohibit reasonable and good faith efforts of school officials to protect the safety of people or property.

This discussion does not argue against the use of firm consequences in dealing with school discipline problems. Indeed, informing students of the consequences for their behavior encourages them to adopt a mature moral behavior (Kohlberg, 1981). Hyman et al. (1982) explains as follows:

> Limits are necessary to foster the child's awareness that freedom is not absolute, that some things are beyond one's control, but that one is still capable of making choices and of being self-determinant (p. 461).

Suspension/Expulsion

Sections 120.12 and 120.13, Wisconsin Statutes, outline the powers granted to state school boards. Section 120.13(1) deals with the creation of policy relating to suspension and expulsion of students. However, recent studies show that many school districts across the country have failed to establish even minimal procedures for dealing with discipline problems (Baker, 1985). School psychologists should be involved in creating and implementing discipline policies in those districts where one does not exist. In schools where disciplinary policies and procedures are already in place, practitioners should become familiar with their regulations and are encouraged to voice their concerns about inappropriate procedures. For example, 45 percent of one school's suspensions were for tardiness or truancy (Baker, 1985). Clearly, suspending students who do not wish to attend school is more rewarding than punishing.

While administrators and school boards handle most suspension and expulsion procedures under the federal Education of the Handicapped Act (EHA), school psychologists

also may beed to be involved. Section 118.15(3)(b), Wisconsin Statutes, explains that a child may not be excused from compulsory attendance for reasons or causes based upon the child's exceptional educational needs (EEN). In order for a child with EEN to be expelled, an M-team needs to determine that the student's disruptive behavior is not related to the student's handicapping condition. If the disruptive behavior is related to the handicapping condition, a student may not be expelled. Generally, short-term suspensions do not require similar determination (Ruesch and Anderson, 1984).

Students who have never been referred for EEN evaluation may not be expelled if it is possible that they have an exceptional educational need that relates to their inappropriate behavior. Thus, any student being considered for expulsion could be considered potentially eligible for an M-team evaluation. This means that school psychologists may need to be involved in any expulsion case handled by a school district.

Some alternatives to expulsion and out-of-school suspension have gained growing acceptance. In-school suspension (ISS) programs have been employed for many years. Short and Noblit (1985) suggest that most ISS programs are similar in structure. Students typically are isolated for three to five days while working on class assignments. Interaction with other students is not allowed. Having students serve their suspensions over the weekend is another ISS option. Most programs reviewed by the authors were essentially punitive and contributed little to changing the student's behavior. Short and Noblit (1985) contend that if ISS programs are to prevent further misbehavior, a therapeutic element needs to be added. School psychologists can assist in program development and/or can take an active role in therapeutic interventions.

Discipline Referrals

While some Wisconsin school psychologists are involved in organizational decision making regarding disciplinary policies and procedures, practitioners generally deal with discipline problems through referral requiring direct service and possible exceptional educational programming. An excellent overview of best practices with discipline referrals was presented by Knoff (1985), who stressed the need for school psychologists to remain flexible in their approaches to problems. Knoff feels that discipline referrals are "best analyzed within a problem-solving process which includes problem identification, problem analysis, intervention and evaluation." This approach allows for a more appropriate fit between a presented problem and the psychologist's activities. (See "Classroom Consultation" and "A Non-EEN Referral and Intervention Model for Wisconsin School Psychologists.")

The discussion concerning the negative aspects of corporal punishment highlight the need for interventions that involve a positive focus. Research shows that punishment alone will not encourage a student to perform positive behaviors (Ciminillo, 1980). Interventions often stress activities that teachers and parents can perform in response to misbehavior. Students need to learn which behaviors society will reinforce as well as those that are socially unacceptable. Hyman, Flanagan, and Smith (1982) summarize current thought on the subject:

> Research suggests that moral behavior and prosocial behavior are likely to occur when children feel good about themselves, receive direct rewards for helping, are exposed to models who act in moral and prosocial ways, are disciplined with explanation and reasoning for unacceptable behavior with emphasis on the effects of that behavior upon others and are taught to act in a responsible manner (p. 463).

This suggests that the most important input that school psychologists can provide to teachers and parents in their efforts to change student behavior is the proper use of positive reinforcement, reasoning, modeling, and other nonpunitive methods.

After intervention has been set in place, the final stage of the problem-solving process is the behavioral change and the overall effectiveness of the intervention. A school psychologist's involvement in discipline referrals does not stop after an initial consultation or assessment. Intervention is an ongoing process that needs to be modified according to its degree of success. Absence of behavior change indicates a need for change in some or all of the components of the plan. Positive results probably will effect some withdrawal by the school psychologist though periodic reviews are important to insure continued success.

Perhaps the most important quality school psychologists need to effectively deal with discipline referrals is persistence. All school psychologists have been faced with difficult students whose behavior has been resistant to change. Practitioners need to remember that they are operating within a probability model with no guarantee of success. When faced with difficult cases, practitioners should use their cognitive training to remind themselves that they are doing the best they can. In addition, colleagues, peers, and other outside resources should be used to gain a new perspective on the situation before going back to the drawing board.

This discussion has focused on the role that school psychologists can play in handling the problem of student discipline. However, an ideal program needs to involve the entire community. A code of conduct established by a school district should have the input and support of local institutions to reinforce underlying goals and philosophies.

An example of community involvement was described in an article by Baker (1985). The Philadelphia school district appointed a task force of 100 representatives of education, law enforcement, businesses, students, and members of government to devise a multi-fauceted and cooperative discipline plan. Sieb and Schmoll (1985) describe how Colorado police officers became teachers of law-related education courses in a local junior high school. Parent aides and volunteers have long been used to bridge the gap between home and school. Ciminillo (1980) summarized the need for a group effort to combat discipline problems.

> It must be treated in the home, through parent involvement and education; in the community, through a combination of reasonable security measures and strong administrative leadership; and in the classroom through principles of humane management and positive interaction between students and teachers (p. 11).

Truancy

Although school truancy could be considered a specific disciplinary issue, it is dealt with separately because of the unique problems it presents. Obviously, it is very difficult for school psychologists to intervene with students who are not in school. Solving the truancy problem requires a great deal of assistance from sources outside of school to, at a minimum, insure a student's arrival at school. However, there is no guarantee that a student will remain in school.

In addition to the important social and learning experiences that truant students miss, student absences create a variety of problems for school communities. Because a school district's state aid is based in part on enrollment, truancy presents an economic problem. For example, the Inglewood Unified School District in California lost more than $700,000 in 1982 as a result of student absences (Rouzan and Knowles, 1985).

Additional problems arise when students are truant. Police estimate that truant juveniles may be responsible for 50 percent of daytime crimes (Sabatino, 1983). In addition, truant students are at risk of not graduating, which can make it difficult for them to become self-supporting, contributing members of society. Clearly, the issue of attendance is a critical one for schools as well as for society.

Historically, compulsory education laws were enacted to protect children from widespread labor abuses and to insure that immigrants would learn the English language and American customs. Today, compulsory education can be valued for the social benefits it provides. Some positive results of public education include the promotion of citizenship and moral and ethical behavior, appreciation of civilization, and an opportunity to secure employment and economic independence. (Moberly, 1980). However, Moberly contends that while public education does a good job of preparing students for college, instruction for the job-bound student has remained rudimentary or nonexistent. Thus, some truant students "see no point to, or cannot succeed in, a narrow, college-orientated curriculum" (Moberly, 1980). Moberly suggests that compulsory schooling needs to offer students alternative education programs that prepare them for the world of work.

States differ in their legal definition of truancy. For example, Birdsong (1980) reported that Montgomery County, Maryland, had no definition of truancy. On the other hand, Georgia defines truancy as 15 or more unexcused absences from school (Stenson, 1980).

Compared to other states, Wisconsin's compulsory education law is stringent and well defined. The statutes relating to truancy were amended extensively when the legislature passed 1987 Wisconsin Act 285. This act requires communities to establish a countywide planning commission to address truancy, and it stipulates that school districts and human service agencies must communicate with each other in their attempts to intervene with truant students (s. 118.162, Wisconsin Statutes). Tough, new language included in 1987 Wisconsin Act 285 defines a "habitual truant" as a pupil who is absent from school without an acceptable excuse for part or all of five or more days out of ten consecutive days, or for part or all of ten or more days during a school semester (s. 118.16[1][a], Wisconsin Statutes).

Local municipal or circuit courts are permitted to impose a variety of sanctions upon a truant student, including required community service or revoking the student's driving privileges (s. 48.342 and 48.345, Wisconsin Statutes). Truant students may be ordered by the judge to participate in a specific educational program, and the local school district is required to cover the costs of the program (s. 48.34, Wisconsin Statutes).

While sanctions always have been imposed against parents and legal guardians responsible for the truant student, the new law imposes sanctions against *any* adult who aids and abets truancy (s. 947.16, Wisconsin Statutes). School districts in Wisconsin are just beginning to respond to this new law, and the full impact of 1987 Wisconsin Act 285 has not yet been felt.

While most truancy programs described or proposed in recent literature call for significant negative consequences in response to skipping school, many programs combine legal consequences with school- or community-based counseling and alternative learning environments. For example, Project HOPE is a program that has been in place in Los Angeles County, California, since 1983. Truant students are picked up by police and transported to the Project HOPE Center, which is staffed full-time by a director, counselor, teacher, security guard, and county probation officer. Students go through a program of intensive counseling and demanding make-up studies. The project counselor involves the parents in therapy and acts as a referral agent for long-term, community-based counseling. If all efforts fail, the student appears before juvenile court where daily sessions ensure immediate attention (Rouzan and Knowles, 1985). A similar program is currently in place in Kane, Illinois (Hanson and Hoeft, 1983).

While some truancy programs are based outside of school, most are incorporated into the school. In Joliet, Illinois, habitually truant students are reassigned to daily, two-hour, after-school study sessions stressing practical life skills (Edwards, 1985). The Sheboygan (Wisconsin) Area School District developed the STRIVE program, which involves an intensive home and community treatment plan in conjunction with the school treatment plan. Close cooperation between the school and community is the integral element of this

successful alternative education program. Often, success in an alternative education program is the first success that truant students experience in high school.

Other school districts have developed novel ways of dealing with the truancy problem. Berg (1981) writes about a principal in San Diego, California, who pays students a quarter for each day they attend. Though the school's attendance rates are reportedly quite high, there are obvious ethical questions raised by such a practice. Moberly (1980) advocates making attendance voluntary after age 14 and improving technical and trade school programs. Many large districts have turned to the use of automatic dialing telephones to inform parents more quickly and completely of student absences. Users of the system feel that improving communication between schools and parents enhances communication between parents and their children (Jacobson, 1985).

The role school psychologists can play in helping school districts deal with truant students is similar to their role in working with misbehaving students. Psychologists should be part of pupil service teams that formulate plans and programs addressing truancy. Knoff's (1985) problem-solving process is quite appropriate to use with truancy referrals as problem analysis is necessary before an effective intervention can be formulated. Consultation is important as parents and teachers need to be aware of a student's needs and how those needs can be met to encourage consistent attendance. Individual or group counseling can be effective in dealing with the social/emotional factors underlying truancy. School psychologists also can be a liaison between the school and the legal system, if necessary.

As with school discipline, school psychologists and other school personnel cannot effectively address truancy without mutual cooperation within a community. While school administrators want truants to be picked up by law enforcement officers, police lack the workforce to do so consistently. Both parties realize that truants are rarely punished or held accountable by the legal system that addresses complaints months after they have been filed. Even so, the goal of any truancy program is to have kids in school, not in jail.

As is exemplified by the STRIVE program in Sheboygan, the efforts to solve the truancy problem and others that face our schools can be strengthened when the responsibility is shared among a wide range of community resources. School psychologists, as part of the school system and the community itself, are an important resource in the effort to combat truancy.

Summary

This chapter has addressed the growing problems of school discipline and truancy as they relate to the role and best practices of the school psychologist. A historical and legal perspective was taken to help practictioners better understand current practices. The information was intended to provide school psychologists and other educational personnel with a framework to conceptualize these important issues as well as offer general knowledge and some intervention strategies.

The role of the school psychologist, as reviewed in previous chapters, is often limited to psychoeducational assessments. Generally, the large caseload most psychologists carry coupled with current economic conditions in education relegate practitioners into testing roles. However, with their diverse training in human development, learning, group process, personality theory, and psychopathology, school psychologists have a great deal to offer the schools in which they practice.

Early Childhood Programs

by Stacey McLinden
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On October 8, 1986, the federal Education of the Handicapped Amendments of 1986 were passed. These amendments extend all rights and protections of the Education of the Handicapped Act (EHA) to handicapped children three through five years of age. They also provide incentives to states to serve handicapped infants and toddlers from birth through age two. The effect of this law has been to increase national attention on best practices in the area of preschool services; school psychologists have responded to these issues. For example, the National Association of School Psychologists (NASP) issued a position statement and a supporting position paper on early intervention services in the schools and is sponsoring several regional preschool institutions that will provide practicing school psychologists with additional training and skills in preschool assessment and intervention.

Given the recent emphasis on the school psychologist's role in early intervention, this section's purpose is to outline current knowledge and research on best practices in preschool services; to provide a description of the EHA Amendments of 1986; and to review current best practices and procedures in the identification of children who are eligible for services in child assessment and family assessment.

The EHA Amendments of 1986

The EHA Amendments of 1986 mandates that by the 1990-91 school year all states applying for EHA funds will have to ensure that they are providing a free and appropriate public education to all handicapped children ages three through five. Under this law, states will not be required to report children served by the disability category, and thus the states are *not* required to categorically label these children. This requirement has important implications for the provision of preschool services in Wisconsin. Although Wisconsin currently requires categorical labeling of three- to five-year-old children, efforts are underway to include a category of developmental delay at the early childhood level. Adding such a category is crucial given the inherent difficulties in accurately classifying young children according to current categories. The National Association of School Psychologists' Position Statement on Early Intervention Services in the Schools (Schakel, 1987) also supports the provision of services without assigning categorical labels.

The EHA Amendments of 1986 also emphasize family services. When appropriate and to the extent desired by parents, a preschooler's individualized education program (IEP) will include goals and objectives for parents.

In addition, a provision in the EHA Amendments of 1986 states that variations in the length of the school day and in the range and variety of preschool programs are necessary and appropriate. The current status of research in early intervention does not allow conclusive statements to be made about the most effective intensities and types of program

models for preschool children (White and Mott, 1987). Current program models in Wisconsin usually include four half-days of center-based services per week, with one day for home visits (e.g., Milwaukee Public Schools, Mosinee Early Childhood Program, and Sheboygan Area School District). This schedule of services is typical of most early childhood special education programs for three- to five-year-olds (Bricker, 1986). However, the potential need for variations in this program model should be recognized, as should the need for a comprehensive evaluation of the effectiveness of different frequencies and types of services.

The EHA Amendments of 1986 also contain incentives for states to serve infants and toddlers, birth through age two. Although the Madison (Wisconsin) school system serves as a national model in providing early intervention services beginning at birth, the needs of handicapped infants and toddlers in Wisconsin often are met through agencies other than the local school district. In order to comply with the provisions of Part H of the EHA Amendments of 1986, each state must designate a lead agency to develop the state's plan for providing coordinated interagency services to infants and toddlers. In Wisconsin, as in 14 other states, the Department of Health and Social Services has been designated as the lead agency. The service delivery network that is developed must provide for cooperation among agencies and a multidisciplinary emphasis in the delivery of quality services. In communities where existing services to infants and toddlers are limited, an expansion of the public school system's role in working with very young children may occur in response to the EHA Amendments of 1986.

Under this legislation, the eligible population for services includes children who are developmentally delayed (criteria to be determined by each state), with conditions that typically result in delay, or at state discretion, children who are at risk of substantial developmental delay. It is expected that by the fifth year of the program the state must make available appropriate early intervention services to all handicapped infants and toddlers. These services must be based on a multidisciplinary assessment of the child and may include

- special education,
- speech and language pathology and audiology,
- occupational therapy,
- physical therapy,
- psychological services,
- transition services,
- medical services for diagnostic purposes, and
- health services necessary to enable the child to benefit from other early intervention services.

Interagency collaboration and case management in providing these services is important. In addition, including the child's family in the development and implementation of services is an integral component of the program. An Individualized Family Services Plan (IFSP) that includes the specific early intervention services necessary to meet the unique needs of the child *and* family must be developed.

Identification of Eligible Children

A strong districtwide program of case finding and screening is necessary to locate all preschool children who are at risk for developmental disability and may need further diagnostic assessment. Case finding involves making the public aware that the school district is an agency to which preschoolers can be referred for developmental screening.

Help in locating children is elicited from various sectors of the public. Screening identifies those children who may be in need of further evaluation of their eligibility for special education services.

The Sheboygan Area School District has had an effective case finding and screening program for three-year-olds in operation since March 1982. Cable television spot announcements; communitywide distribution of pamphlets and posters at sites such as the public library, medical clinics, Department of Health and Social Services, and nursery and preschool programs; and personal contacts with potential referral sources are several of the strategies the district uses annually to inform the public about its screening program. In addition, parents are invited by personal letter to bring their child to screening one month after the child's third birthday. Screening is held on a monthly basis, 11 months a year. The Miller Assessment for Preschoolers (MAP) screening instrument and interview are used by the school social worker as primary screening tools. From March 1982 through January 1988, more than 4,800 parents were contacted, and more than 3,000—or 63 percent—of the district's three-year-olds were screened. Of those screened, 8 percent were referred for further evaluation by a multidisciplinary team (M-team). Approximately 75 percent of those children undergoing an M-team evaluation were found to need some sort of special education service.

Child Assessment

In order to conduct an assessment of a preschool child, it is essential to consider those traits of preschoolers that make their assessment unique from that of older children. Assessment at the early childhood level is challenging. Rapid and uneven changes in developmental patterns can affect the stability of an individual assessment (Peterson, 1987). Certain behaviors considered appropriate for normal development at some preschool ages are considered inappropriate at others. For example, parallel play or solitary play close to or near other children is an appropriate part of a three-year-old's social repertoire. However, it would not be appropriate for a 4 1/2-year-old to engage in parallel play to the exclusion of more advanced forms of play behavior.

Preschoolers are more distractable and inattentive and less motivated to do well in the test setting than older children. They also may have greater difficulty adjusting to strangers. Further, the impact of environmental factors on the daily behavior of preschoolers is particularly important to consider.

In addition to the difficulties which result from the preschool child's behavior, a lack of good standardized instruments hampers the assessment of preschool children. The characteristic variability in the behavior of preschool children across time and settings detracts from the reliability of the available instruments. Validity, particularly predictive validity, is often poor. In fact, the younger the child, the poorer the prediction of later performance.

These inherent difficulties in conducting individualized, standardized assessments of preschool children provide a strong rationale for the need to conduct an ecological, multidimensional assessment at the early childhood level. A focus on linking assessment strategies to intervention plans also must be central to early childhood assessment.

Appropriate assessment and intervention in early childhood occurs within a framework that recognizes the range of systems which impact the child's behavior. Such an approach involves examining the exchanges between the child, the settings in which the child participates, and the significant individuals who interact with the child. To accomplish this goal, the assessment must involve multiple behavioral domains and settings and a variety of assessment procedures. Domains of child functioning include

- cognitive,
- adaptive/self-help,

- fine and gross motor,
- language and communication,
- social/emotional,
- play, and
- parent-child interaction.

Assessment should involve interviews with caregivers, parent and teacher checklists and rating scales, and direct observation and can include formal testing .

Direct observation of the child in his or her natural environment is an important component of assessment at the early childhood level. Observational data regarding the child's typical peer and adult interaction skills and other skills and abilities demonstrated in the natural environment are critical for making appropriate assessment decisions. The school psychologist can use a wide variety of observational techniques—such as anecodotal recording of child behavior and environmental antecedents and consequences, review of permanent products, observational rating scales, and formalized time sampling procedures—to facilitate the assessment of the preschool child.

Finally, assessment must be linked directly to intervention. Given the difficulties in classifying the behavior of preschool children according to current diagnostic categories as well as the emphasis on providing noncategorical services, school psychologists who work at the early childhood level are in a position to devote more energy and resources to intervention planning. Although the idea of linking assessment to intervention is not new, its application by school psychologists to preschool service delivery is (Paget and Nagel, 1986).

An ecological and multidimensional approach to assessment requires the participation of a team of professionals from a range of disciplines. The traditional M-team assessment procedure provides one model for team functioning. However, two additional models, interdisciplinary and transdisciplinary, warrant consideration at the preschool level.

In the interdisciplinary model, each professional completes his or her own assessment and meets frequently with the team to plan the overall assessment procedure. This way, redundancy of child and parent questioning can be reduced, and any gaps in assessment can be minimized.

A school psychologist on a team using the transdisciplinary model may still complete his or her initial assessment, but during treatment, team members relinquish their involvement in treatment to one or two team members, called facilitators, who carry out the intervention plan with ongoing consultation with other team members.

An extension of the transdisciplinary model, called the arena model, may merit special consideration at the preschool level. This assessment procedure employs a team approach in which one team member serves as the facilitator and the others are observers. The observers can ask for additional tasks to be presented to the child or can assist, if appropriate, in presenting certain tasks. The arena model may be particularly well-suited to the young child's evaluation because it minimizes redundancy in questioning and reduces the number of professionals who work with the child. It also provides each professional with opportunities to view the child attempting a number of tasks which allows each member to obtain a more holistic view of the child.

The preschool assessment team at Oconomowoc, Wisconsin, has used the arena approach to assessment at the preschool level for several years. They report that this model is particularly effective in communicating to parents both the strengths and the areas of need in their child's development.

It is beyond the scope of this chapter to provide a thorough presentation of the process of assessment with preschool children. However, there are a number of excellent references available to the school psychologist regarding this topic listed in this publication's bibliography.

Family Assessment

There are at least two purposes for conducting a family assessment at the early childhood level—program development and the evaluation of the impact of the program on the family.

Program development involves identifying services that an early intervention program can provide. Those services may include parent training, parent support, parent networking, and providing parents with information about handicapping conditions and other relevant topics. Such services must be provided based on family needs. Current efforts in family assessment and intervention stress the importance of basing intervention efforts on identified family needs and priorities rather than on a priori assumptions regarding the family's deficits (Bailey et al., 1986; Dunst and Trivette, 1987).

Needs-based assessment and intervention can be accomplished through a family needs survey or other self-report measures as well as through interviews with the family. Through this process, services the family may need but which the program cannot provide—such as alcohol and drug abuse counseling or food stamps—can be identified and referrals to the appropriate agencies can be made.

Early intervention programs also must be evaluated based on the impact they have on parent and family functioning. Areas of assessment may include, but are not limited to

- parental stress,
- perceived social support and resources,
- family environment,
- parent-child interaction,
- parental knowledge and skills,
- and parental satisfaction with the services provided.

The specific impacts to be assessed must be related to the goals of the program. A variety of assessment procedures can be used for this purpose, including self-report measures, direct observation, and parental interview (Mott and Casto, 1987). Tables 12 through 14 list, respectively, norm-referenced, curriculum-based, and family assessment instruments.

Summary

Working at the early childhood level can be an exciting and satisfying experience for the school psychologist. However, it is not a role which is suited to everyone. The profession demands a high degree of energy and flexibility on a day-to-day basis. Furthermore, because of the difficulties inherent in preschool assessment, the importance of working as part of a team cannot be overemphasized. The ability of team members to relinquish their roles and to accept and explore the observations other team members with different professional backgrounds make about a child is particularly important at the preschool level (Orlando, 1981).

The school psychologist can do much to facilitate best practices at the early childhood level. Establishing one's own professional credibility with other team members by keeping up-to-date in the field, being well-prepared for team meetings, and clearly communicating one's assessment results promotes professional credibility with other educators. Participating in specific training opportunities and keeping in touch with other professionals who work with preschool children also is important.

The second major key to successful team functioning is establishing and maintaining mutual respect among team members. This issue goes beyond the respect team members have for one another and addresses human relationships at a more basic level. Compassion and concern which color our relationships with children also need to be primary characteristics of our professional relationships.

Finally, a strong case manager who possesses good communication and interpersonal skills can help facilitate the team process, especially when difficult cases arise.

School psychologists also are in a position to advocate for the needs of preschool children and their families. School pychologists can advocate for screening programs to locate children who may need comprehensive assessment. They also can apply their knowledge of assessment procedures to the development of appropriate screening practices.

Additionally, school psychologists can apply their knowledge and skills to improve programs for preschool children and their families. For example, school psychologists can ensure that preschool programs do not become "watered down first grades with too much emphasis on teacher directed instruction" (Schakel, 1987, p.7). Implementing programs for families, such as parent training and support groups, is another role for the school psychologist within an early childhood setting.

Although the assessment of preschool children will require school psychologists who have not had specific training and experience in this area to acquire additional skills, being involved in services at the early childhood level has many benefits. The EHA's expansion of services to handicapped children age three to five years old as well as its incentives to states to serve handicapped infants and toddlers from birth through age two increases the probability that early identification and intervention will occur. It is to the advantage of school psychologists to become involved in this important aspect of service delivery to young handicapped children in order to ensure that continuity between early intervention and school-age programming is maintained.

Table 12

Selected Norm-Referenced Assessment Instruments

Test	Developmental Area						Age Range	Type of Scores	Type of Measure	Administration Time	Author, Publisher, Year
	Cognitive	Motor	Language	Adaptive	Personal-Social	Achievement					
Battelle Development Inventory	x	x	x	x	x		Birth to 8 years	Percentile Ranks, Age Equivalents, DQ, T, Z	Norm-referenced and curriculum-based assessment Structured, Observation, and Interview formats	1 hour-2 hours	Newborg J., J. Stock, and L. Wneck. Allen, TX: DLM/Teaching Resources, 1984.
Bayley Scales of Infant Development	x	x					2 mos. to 2 1/2 years	Mental Development Index Physical Development Index	Norm-referenced assessment Structured format	45 min.	Bayley, N. San Antonio, TX: The Psychological Corporation, 1969.
Stanford-Binet Intelligence Scale (Fourth Edition)	x						2 years to adult	Area of composite Standard age scores	Norm-referenced assessment Structured format	1-1/2 hours	Thorndike, R. L., E. P. Hagen, and J. M. Sattler. Chicago, IL: Riverside Publishing, 1986.
Wechsler Preschool and Primary Scale of Intelligence (WPPSI)	x						4 to 6 1/2 years	Verbal, Performance + Full Scale IQ	Norm-referenced assessment Structured format	50-75 min.	Wechsler, D. San Antonio, TX: The Psychological Corporation, 1967.
McCarthy Scales of Children's Abilities	x	x					2 1/2 to 8 years	General Cognitive Index and Scales Indexes for Verbal, Perceputal-Performance, Quantitive, Memory, + Motor Scales. Mental Age, + Percentile Ranks	Norm-referenced assessment Structured format	45-50 min. below age 5, 1 hr. for older	McCarthy, D. San Antonio, TX: The Psychological Corporation, 1972.
Kaufman Assessment Battery for Children (K-ABC)	x					x	2 1/2 to 12 1/2 years	Standard Scores for Sequential Processing, Simultaneous Processing, Mental Processing Composite + Achievement	Norm-referenced assessment Structured format	30-50 min. for preschool	Kaufman, A.S., and N. L. Kaufman. Circle Pines, MN: American Guidance Service, 1983.
Vineland Adaptive Behavior Scales		x	x	x	x		Birth to 18 years, 11 months	Percentile Rank, Stanines, Age Equivalents, Adaptive Levels, Standards Scores	Norm-referenced assessment interview of parent or primary caregiver	20-60 min.	Sparrow, S. S., D.A. Balla, and D.V. Cicchetti. Circle Pines, MN: American Guidance Service, 1984.
Scales of Independent Behavior (Early Development Scale)		x	x	x	x		Birth to 2 1/2 years	Normative Comparisons, Instructional Functioning Scores, Adjusted Adaptive Behavior Functioning Scores	Norm-referenced assessment based on parent report	10-15 min.	Bruininks, R. H., R.W. Woodcock, R.F. Weatherman, and B.K. Hill. Allen, TX: DLM/Teaching Resources, 1984.

Table 13

Selected Curriculum-Based Assessment Instruments

Test	Developmental Area					Age Range	Administration Time	Author, Publisher, and Year
	Cognitive	Motor	Language	Adaptive	Personal-Social			
Arizona Basic Assessment & Curriculum Utilization System (ABACUS)	x	x	x	x	x	2 - 5 1/2 years	45 min.	McCarthy, J., C. Bos, K. Lund, J. Glatke, and S. Vaughn. Denver, CO: Love Publishers, 1984.
BRIGANCE Diagnostic Inventory of Early Development	x	x	x	x	x	Birth - 7 years	1 hour	Brigance, A. North Billercia, MA: Curriculum Associates, 1978.
Learning Accomplishment Profile (LAP)	x	x	x	x	x	Birth - 6 years	1 hour	Sanford, A.R., and J.G. Zellman. Winston-Salem, NC: Kaplan Press, 1981.
Preschool Developmental Profile (PDP) from Developmental Programming for Infants and Young Children	x	x	x	x	x	3 - 6 years	1 hour	Rogers, S.J., D.B. D'Eugenio, S.L. Brown, C.M. Donovan, and E.W. Lynch. Ann Arbor, MI: University of Michigan Press, 1981.
Uniform Performance Assessment System (UPAS)	x	x	x	x	x	Birth - 6 years	1 hour	Haring, H., A. White, E. Edgar, J. Affleck, and A. Hayden. Columbus, OH: Charles Merrill, 1981.

Table 14

Family Assessment Instruments

Scale	Author, Year	Number of Items	Source
Coping-Health Inventory for Parents	McCubbin, H., M. McCubbin, R. Nevin, and A. Cauble (1983)	45	Family Stress Coping and Health Project University of Wisconsin-Madison 1300 Linden Drive Madison, WI 53706
Family Adaptability and Cohesion Evaluation Scales (FACES III)	Olson, D., J. Portner, and R. Bell (1985)	40	Family Social Sciences University of Minnesota 290 McNeal Hall St. Paul, MN 55108
Family Environment Scale	Moos, R.H. and B. S. Moos (1974)	90 long 40 short	Consulting Psychologists Press
Family Inventory of Life Events and Changes	McCubbin, H., J. Patterson, and L. Wilson (1983)	71	Family Stress Coping and Health Project University of Wisconsin-Madison 1300 Linden Drive Madision, WI 53706
The Family Needs Survey	Bailey, D. and R. Simeonson (1987)	35	Frank Porter Graham Child Development Center University of North Carolina-Chapel Hill Hwy 54 Bypass West 0714A Chapel Hill, NC 27514
Family Resource Scale	Leet, H.E., and C. J. Dunst (1985)	30	Department of Human Resources Western Carolina Center Morgantown, NC. 28655
Family Support Scale	Dunst, C.J., L. Jenkins, and C. Trivette (1984)	18	Department of Human Resources Western Carolina Center Morgantown, NC 28655
Parenting Stress Index (Second Edition)	Abidin, R.R. (1986)	101	Pediatric Psychology Press 320 Terrell Road West Charlottesville, VA 22901
Questionnaire on Resource and Stress	Holroyd, J. (1986)	66 short 285 long	Pediatric Psychology Press 320 Terrell Road West Charlottesville, VA 22901

5

Legal and Ethical Responsibilities

Overview

Legal Responsibilities
Leonard Pennington

Ethical Standards
Sean Mulhern and Beth Doll

Minority Issues
Beth Doll

Overview

Psychology is a profession that is frequently entrusted with confidences and private knowledge. To protect that trust, professional organizations of psychologists have developed clearly defined standards of professional conduct and ethics for their members. As a specialty area of psychology, school psychology has incorporated this concern for professional ethics and responsibilities into its organizational bylaws, its professional training, and its practice. These professional standards are an integral part of the practice of school psychology; they guide practitioners in their efforts to provide best practices to the students they serve.

Legal Responsibilities

by Leonard Pennington
Wisconsin Department of Public Instruction

School psychologists need to stay well-informed regarding the laws, rules, and regulations affecting programs and services in the schools. These laws affect school psychologists' need to understand all of the options available to them in their efforts to develop more effective, innovative solutions to problems confronting schools. New statutes, administrative code changes, and case law sometimes slowly find their way into school board-approved policies. As a result, new and potentially helpful legal developments are not implemented by school staff as soon as they should be.

Many school psychologists are so busy implementing current policies, and view the legal world as so complex and difficult to understand, that they simply give up the effort to comprehend it or to stay current with legal issues. Many depend on administrators and supervisors to tell them what they need to know about laws and rules governing school psychological practices. This is an efficient approach, but it is not always the best possible.

No one book can provide an up-to-date listing of all relevant laws, administrative rules, educational agency decisions, and all relevant judicial decisions. Numerous changes occur in each of these domains every month. The only way to keep current is to collect all of the changes monthly, catalog them by topic, and analyze them for importance and applicability. Fortunately, much of this work is available through the following publications:

> *The Education for the Handicapped Law Report*, published by CRR Publishing, 421 King Street, P.O. Box 1905, Alexandria, VA 22313-1905.
> This publication provides an excellent monthly update on all judicial decisions (case law), state educational agency decisions, and new federal statutes regulations affecting the education of the handicapped. Materials are kept in annual folders and are well indexed.
>
> *Updated Wisconsin School Laws*, published by the Wisconsin Association of School Boards (WASB) in cooperation with the Wisconsin School Attorneys' Association. WASB, Room 700, Hovde Building, 122 West Washington Avenue, Madison, WI 53703, (608) 257-2622.
> This publication provides the actual text of all Wisconsin statutes and administrative rules (Wisconsin Administrative Code) affecting education within days of their official publication. The WASB also publishes "Legal Comment" and "A New Law," which interpret statutes, and "The Focus" and "Policy Perspectives," which deal with school board policies and recommendations for changes in policies based on legal developments.

These publications are indispensable to school psychologists trying to stay abreast of the rules which govern their professional lives. However, they may not cover some of the case law developments affecting psychologists, such as malpractice actions. For information regarding these developments, articles and books written for the profession, often by attorneys who also are psychologists, are the best sources.

An efficient way to find this information is to go to a library and do a computer search of an electronic database, such as the ERIC (Educational Resource Information Center) database. In a few minutes, every book and article dealing with malpractice and other liability decisions affecting school psychologists is available. Often the librarian can provide a microfiche copy of the work on the spot. These databases are available to every Wisconsin school district, usually through a central librarian, and they offer information on a wide range of topics.

After reading the relevant legal references, school psychologists may wish to get an opinion from the school district's legal counsel. Wisconsin laws and rules of interest to school psychologists are presented in Appendix A.

Ethical Standards

by Sean Mulhern
Wisconsin Department of Public Instruction
and
Beth Doll
University of Wisconsin-Madison

A profession's ethical code represents shared agreement regarding what constitutes "good practice" for that profession. Once accepted by the members of a professional organization, the code binds them to conduct their practice in a manner consistent with the standards the code describes. In addition, a code of professional ethics provides support for members in their attempts to promote good practice. Members who violate the code are subject to sanctions by their colleagues.

The code also serves as a reference to guide decisions about services and service delivery. It may be referred to while professionals negotiate with their employing district or agency for appropriate roles. It also may be cited in support of professional conduct when a professional becomes embroiled in disputes over the services provided.

While many of Wisconsin's educational professions do not endorse a code of professional ethics, school psychologists in Wisconsin have had a state ethical code since 1973. In that year, the executive board of the Wisconsin School Psychologists Association (WSPA) voted to adopt the *Code of Ethics*. In 1985, the WSPA membership voted to adopt as its own *The Principles for Professional Ethics of the National Association of School Psychologists* (NASP, 1985). WSPA adopted the NASP code because of its concise and clear wording, its specificity for school psychological practice, and its timely discussion of ethical issues related to recent technological advances.

In addition, school psychologists may wish to consult the American Psychological Association's *Standards for Providers of Psychological Service* (APA, 1981) and the *Specialty Guidelines for the Delivery of Services by School Psychologists* (APA, 1981). Careful study of all three documents will show that while they do not conflict with one another, they do differ in emphasis.

The *Principles for Professional Ethics* (NASP, 1985) addresses professional practices in four areas: competency, professional relationships and responsibilities, professional practices in public settings, and professional practices in private settings. Issues addressed include maintaining confidentiality, recognizing and respecting limits on professional competency, cooperating with other professionals, pursuing opportunities for continuing professional development, and recognizing and avoiding conflicts of interest.

Standards for Providers of Psychological Services (APA, 1981) are intended to serve to govern psychological service regardless of the setting in which it occurs. The APA standards assert that there should be uniform standards for the quality of psychological practice whether psychologists practice in private clinics or public agencies. *Specialty Guidelines for the Delivery of Services by School Psychologists* (APA, 1981), based on the general standards, makes specific applications to the practice of school psychology. Both the specialty guidelines and standards establish criteria for staffing levels, supervision of school psychologists, and the administration of school psychological services. They

address continuing professional development and respecting and recognizing limitations on competence. Issues of confidentiality, accountability, compliance with legal statutes, and maintaining records also are discussed.

School psychologists will be affected by these professional codes even when they are not members of the organization. Codes endorsed by a professional organization can be expected to set the standard for appropriate practice in the state. Actions that violate the code may be cited as unprofessional by state licensing and certifying agencies. In some instances, the professional codes have been cited as evidence in legal proceedings. The Wisconsin School Psychologists Association has appointed its Professional Standards Committee to be a standing committee in the organization. Until recently, this committee established procedures for responding to complaints of unethical behavior by its members and for sanctioning members who were found to be in violation of the code. In 1986, WSPA lost its liability insurance, and with it, its ability to enforce its ethical code. The Professional Standards Committee remains active in educating members about current ethical standards, advocating for working conditions which permit ethical practice, and sponsoring regular forums for discussion of ethical issues at the WSPA conferences.

Copies of the remaining ethical codes can be obtained from the professional organizations. Addresses and ordering information can be found in Appendix C.

Minority Issues

by Beth Doll
University of Wisconsin-Madison

School psychology is a profession that must remain sensitive to minority issues in education. School psychologists have opportunities to influence the accessibility of schools to minority children and minority educators through their access to decision makers in the public schools and their contributions to the educational programs for minority children.

While Wisconsin is an ethnically diverse state, identified minority groups represent a relatively small portion of the state's population. During the 1983-84 academic year, only 11 percent of the students enrolled in Wisconsin schools were identified as minority students (Committee on Minority Student Affairs, 1984). Only six school districts reported minority enrollments exceeding 1,000 students; more than 75 percent of the state's minority students were enrolled in these six districts. These districts were Milwaukee, with more than 51,000 minority students; Racine, with more than 6,000; Madison and Kenosha, with more than 2,000 in each district; and Beloit and Green Bay, each with more than 1,000. If national trends apply, these figures should be somewhat higher today.

Nationwide, minority families are more likely to have incomes below the poverty level, to be headed by single women, and to be experiencing unemployment as well as other forms of social and financial disruption. Public education has been promoted as one way to address the disproportionate impact of social tragedies on minority families. However, Wisconsin's minority students are less likely to graduate from high school than nonminority (Committee on Minority Student Affairs, 1984).

The state dropout rate for black students in the 1982-83 academic year was almost 14 percent, for Native American students it was more than 8 percent. Comparatively, the dropout rate for Wisconsin students as a whole was slightly less than 4 percent. Slightly more than 30 percent of all 1983 Wisconsin high school graduates enrolled in the University of Wisconsin System campuses the following fall. Only 19 percent of the Native American graduates and 14 percent of the black graduates enrolled in a Wisconsin university. (Committee on Minority Student Affairs, 1984) These figures aren't unique to Wisconsin; they mirror nationwide trends suggesting that public schools are not solving the social inequities afflicting minority families and even may be contributing to them.

School psychologists can serve as social catalysts to enhance the effectiveness of the public school system with minority students. Their training in interpersonal skills makes them more sensitive to sources of bias in schools and more effective in recommending remedies to correct for bias. Their familiarity with theories of tests and measurement allows them to understand how minority status can effect commonly used measures of school progress and how to employ alternative strategies for nonbiased assessment. School psychologists' knowledge in human growth and development helps them interpret the special needs of minority of low income students to educational planning committees.

The impact school psychologists can have depends partially on how familiar they become with the cultural and social uniqueness of each minority group. Sensitivity to minorities must begin in training programs which introduce all students to minority cultures and challenge old stereotypes.

One of the most effective ways to sensitize a profession to minority issues is to recruit members of the minority groups into the profession. Again, Wisconsin trends on the employment of minorities as school psychologists mimic the national trends (Committee on Minority Student Affairs, 1984). During the 1983-84 academic year, only 13.7 of the 462 staff members employed as psychologists by Wisconsin school districts were minorities.

Who Are the Minorities in Wisconsin?

The most prominent student minority group in the state are black students (Committee on Minority Student Affairs, 1984). In the 1983-84 school year, they represented nearly 7 percent of the state enrollment, and were most likely to be enrolled in the Beloit, Kenosha, Madison, Milwaukee, Racine, or Wauwatosa public school districts. Hispanic students, the second largest minority group, comprised 1.8 percent of the state enrollment in 1983-84. Hispanic students were most likely to be enrolled in the Delavan-Darien, Kenosha, Madison, Milwaukee, Racine, and Sheboygan school districts. Native American students represent the third largest minority group and composed just over 1 percent of the state's school enrollment in 1983-84. They were most likely to be enrolled in the Ashland, Bayfield, Black River Falls, Green Bay, Hayward, Lac du Flambeau, Menomonie Indian, Milwaukee, Seymour, Shawano-Gresham, Superior, and West De Pere school districts.

Nationally, both Division 16 of the American Psychological Association (APA) and the National Association of School Psychologists (NASP) have recognized the need for minority initiatives. The APA includes the employment of minority faculty and preparation in minority issues among its standards for accreditation of programs and internship sites (APA, 1980). The NASP recently released a position statement endorsing minority recruitment for school psychology (NASP, 1987). Still much of the initiative for increasing minority involvement in education must be taken at the local level.

School psychologists in Wisconsin can assist with minority access by recruiting minorities into the field of school psychology, by insisting on nonbiased assessment strategies when conducting psychoeducational evaluations of children, by serving as a liaison between the school and minority families, and by advocating for programs to assist minorities in education.

Recruiting Minorities into School Psychology

Career decisions are frequently made shortly before or soon after a student enters a university or two-year college. To make effective decisions, students need to be familiar with the various career possibilities and have an accurate understanding of the career's role and preparation. If school psychology is not highly visible in a student's community, it is frequently overlooked as a potential career. School psychologists can make their profession more visible and more appealing to all students, including minorities, by volunteering to speak about the career of school psychology to graduating high school seniors and to undergraduates in Wisconsin universities. In some cases, a school psychologist could serve as a mentor to a promising student interested in psychology.

Programs to Assist Minorities in Education

A career in school psychology requires a graduate degree. Many minority students may assume that such advanced education is financially impossible. The following college fellowship and loan programs are available to assist minority students in financing their education. These programs provide incentive for minority students to enter professional careers in education. School psychologists can support these programs by informing minority high school students and college undergraduates who may be unaware of their eligibility for financial aid or their personal ability to pursue the profession.

The Minority Teacher Forgivable Loan Program is sponsored by the State of Wisconsin. It provides $2,000 per year for up to two years to minority students who are pursuing careers in elementary or secondary education. In return, the student makes a four-year commitment to teach in a Wisconsin school. Upon graduation, 25 percent of the loan is forgiven for each year the student is employed as a licensed educator in a Wisconsin school. For more information, contact the Minority Coordinator in any of the state's teacher education programs.

The Zinn-Koeppel Scholarship is a special scholarship fund administered through the School of Education at the University of Wisconsin-Madison. Up to $2,500 per year may be awarded to residents of Milwaukee County, Wisconsin, who are pursuing a career in education at the UW-Madison. This scholarship is *not* reserved for minority students only. For more information contact Walter Lane, Minority Student Office, School of Education, University of Wisconsin-Madison, (608) 263-4174.

The Title II Minority Scholarship Program, sponsored by the State of Wisconsin, encourages minority students to pursue graduate degrees in education. The program annually provides recipients with a $1,000 grant that can be renewed for subsequent years. For more information, contact the Minority Coordinator in any of the state's teacher education programs.

The Advanced Opportunity Fellowship Program is a competitive scholarship program for minority students administered by the Graduate School of the University of Wisconsin System. Fellowship recipients, who must be enrolled in graduate programs in education, receive $10,250 and health insurance benefits for the nine-month academic year. Summer fellowships also are available. Students may be awarded the grants for up to three years. For more information, contact the Graduate Program in Education at any University of Wisconsin System campus.

The American Psychological Association Minority Fellowship Program is a national fellowship program for minority students pursuing a doctorate in psychology. Minority students from programs across the United States compete for the award. Successful candidates are awarded $546 per month and tuition for one year. Candidates may reapply for up to three years. For more information, contact the American Psychological Association (See Appendix C).

In addition, school psychologists can use their firsthand knowledge of minority achievement to provide legislators with evidence to support initiatives and to advocate for additional programs to meet the special needs of minority students in public school districts and public universities in Wisconsin.

The Use of Nonbiased Assessment Strategies

A central issue for school psychologists working with minority children is the overrepresentation of minorities in many special education programs for the mildly handicapped. A similar overrepresentation of minorities does not exist within programs for the severely handicapped (Reschly, 1981). This overrepresentation questions whether assessment procedures used to identify children for special education programs may be biased and whether placement of some minority children in such programs may be detrimental. In particular, the assessment procedures school psychologists use have come under scrutiny because mean scores on most intelligence tests are lower for minority populations. School psychologists can find a useful summary of the overrepresentation issue in Reschly (1981) and of recent litigation related to minority overrepresentation in Reschly, Kicklighter, and McKee (1988). In response to these issues, school psychology professionals have advocated for the use of nonbiased assessment procedures with all children. A discussion of nonbiased assessment can be found in *The School Achievement of Minority Children: New Perspectives* (Neisser, 1986).

A survey of school psychologists in Wisconsin revealed concerns that principles of nonbiased assessment were not always incorporated into M-team decisions (Doll, 1985). In cases where the team does not recognize the impact of child's minority status on the interpretation of assessment results, the school psychologist is responsible for preparing a minority report that reinterprets the evaluation with reference to recognized nonbiased practices.

A parallel issue is the underrepresentation of minority children in programs for the gifted and talented. The definition of giftedness is vague for all students, but it becomes even less certain when the student is poor or socially disadvantaged. A comprehensive discussion of the issue of giftedness in minority populations can be found in Baldwin (1985).

Serving As a School Liaison for Minority Families

Minority parents frequently report feeling awkward or even unwelcome when visiting their child's school, especially in desegregated school districts where the school is often located outside the family's neighborhood.

Transportation also can be a barrier to effective home-school relationships. To overcome this problem, some districts have established bus schedules to transport parents to school for conferences, PTA meetings, or other events. Other districts have held conferences in community centers in the parents' neighborhoods.

A child's minority status may exaggerate the discomfort these parents feel when they speak with their child's school psychologist. To make them feel more comfortable, the school psychologist can invite minority parents to discuss their concerns about their child's education. The school psychologist should remain sensitive to the social and economic barriers that can come between minority parents and schools.

In cases where the family-school relationships are very uncomfortable, it may be helpful to visit with the parents in their home. Once a comfortable relationship is established, the school psychologist may be able to serve as a liaison between the family and the school. In some cases, ongoing collaboration with churches, community organizations, and mental health professionals in the minority community is a useful strategy. For example, the Dane County Juvenile Court maintains a Minority Resource Directory to facilitate local efforts. Similar directories could be established in other districts.

Minority programs are a responsibility of the entire education community. However, school psychologists are in a unique position to be effective catalysts in meeting minority needs.

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Appendixes

A. *Statutes and Rules Relevant to School Psychology*

B. *School Psychology Training Programs in Wisconsin*

C. *Professional Organizations for School Psychologists*

D. *Allied Professional and Special Interest Organizations*

E. *Department of Public Instruction Offices and Publications*

F. *National Association of School Psychologists' Standards for the Provision of School Psychological Services*

G. *Selected Bibliography*

Statutes and Rules Relevant to School Psychology

Wisconsin statutes are bills that have been voted on and approved by both houses of the state legislature, and signed into law by the governor. It is the duty of the Wisconsin Department of Public Instruction to implement those laws relating to education. School psychology also is affected by laws enforced by other departments of the executive branch.

Wisconsin rules represent the formal plan of the executive branch for enforcement of the statutes. Rules, also called administrative rules, are written by the employees of the affected department of state government. Input is sought from affected members of the public when these are written, and public hearings are held. The rules are not voted on by the legislature, but they are reviewed by selected committees of the two houses. Occasionally, the department will be directed to revise the proposed rules in specific ways. Rules implementing the public instruction statutes are written by employees of the Department of Public Instruction.

An **Act** describes legislation, including amendments to existing statutes, that does not yet appear in the statutes,which are updated on an annual basis.

Wisconsin Statutes Relevant to the Practice of School Psychology

Chapter	48	The Children's Code: Statutes regulating judicial procedures affecting children; providing for the care and protection of children's mental and physical development; and supervision, care and rehabilitation for children.
	48.981	Child Abuse/Neglect Reporting and Responsibilities
Chapter	49.90	Abortion Prevention and Family Responsibility
Chapter	51	Statutes Regulating the Provision of Mental Health Services in Wisconsin
Chapter	115	Statutes Regulating Public Education in Wisconsin
	115.36	Assistance to Schools for Alcohol and Other Drug Abuse Programs
	115.365	Suicide Prevention Programs
	115.367	Protective Behavior Programs
	115.368	Assistance to Schools for Protective Behaviors Programs
	115.88(1)(b)	State Aid for School Psychologists
	115.91-93	Education for School Age Parents
Chapter	118.125	Pupil Records and Confidentiality
	118.126	Privileged Communications
	118.15	Compulsory Attendance
	118.153	Children At Risk
	118.16	School Attendance Enforcement
	118.255	Health Treatment Service for Wisconsin Children with Special Physical or Mental Health Treatment Needs

Wisconsin Statutes Relevant to the Practice of School Psychology

Chapter	118.257	Liability for Referral to Police (AOD)
	118.295	Suicide Intervention: Civil Liability
	118.31	Corporal Punishment Prohibited
	118.33	High School Graduation Requirements
	118.35	Programs for Gifted and Talented Pupils
Chapter	121.02	School District Standards
Chapter	440	Statutes Establishing the Wisconsin Department of Regulation and Licensing
Chapter	455	Statutes Establishing the State Board of Examiners in Psychology, and Regulating the Private Practice of Psychology in Wisconsin

Wisconsin Administrative Rules (Wisconsin Administrative Code) Relevant to the Practice of School Psychology

PI 3	Teacher Certification Rules and Appeal Procedure
PI 4	Teacher Education Program Approval Rules and Appeal Procedures
PI 8	Gifted and Talented
PI 11	Exceptional Education
PI 25	Children At Risk
PI 26	Education for Employment
Psy 1, 2, and 3	Rules of the Psychology Examining Board
RL 1 and 2	Rules of the Department of Regulation and Licensing

Federal Laws Relevant to the Practice of School Psychology

20 U.S.C. 1415	Education of the Handicapped Act*
20 U.S.C. 1415	Education of the Handicapped Amendments of 1986*
20 U.S.C. 2301	Carl D. Perkins Vocational Education Act

* Although many people refer to the Education of the Handicapped Act (EHA) as Public Law (PL) 94-142, that reference is inaccurate. The original law, PL 91-230, was amended by a number of public laws, including PL 94-142, PL 98-199, and PL 99-457. All amendments to the original version have been incorporated into the official version of the EHA, 20 U.S.C. 1415.

Appendix B

School Psychology Training Programs in Wisconsin

Marquette University*
John Ivanhoff, Coordinator
School Psychology Program
Educational Psychology Department
Marquette University
Milwaukee 53233

University of Wisconsin-Eau Claire
Jerry Harper, Director
School Psychology Program
Department of Psychology
Hibbard Humanities Building
University of Wisconsin-Eau Claire
Eau Claire 54701

University of Wisconsin-La Crosse
Robert Arthur, Coordinator
School Psychology Program
Psychology Department
University of Wisconsin-La Crosse
La Crosse 54601

University of Wisconsin-Madison*
Thomas Kratchowill, Chairperson
School Psychology Program
Department of Educational Psychology
University of Wisconsin-Madison
1025 West Johnson Street
Madison 53706

University of Wisconsin-Milwaukee*
Phyllis Anne Teeter, Chairperson
School Psychology Program
Department of Educational Psychology
University of Wisconsin-Milwaukee
P. O. Box 413
Milwaukee 53201

University of Wisconsin-River Falls
Doug Smith, Director
School Psychology Program
Department of Psychology
University of Wisconsin-River Falls
River Falls 54022

University of Wisconsin-Stout
Calvin Stoudt, Director
School Psychology Program
Department of Counseling
and Psychological Services
School of Education
Clinical Services Center
Health Sciences Building
University of Wisconsin-Stout
Menomonie 54751

University of Wisconsin-Superior
Janice Kuldau, Chairperson
School Psychology Program
Department of Psychology
University of Wisconsin-Superior
Superior 54880

University of Wisconsin-Whitewater
Judy Oehler-Stinnett, Director
School Psychology Program
Department of Psychology
University of Wisconsin-Whitewater
Whitewater 53190

Professional Organizations for School Psychologists

State Organizations	Address and Phone	Relevant Publications
Federation of Pupil Services Associations	2430 North Grandview Blvd. Waukesha, WI 53188 (414) 542-5333	
Midwestern Psychological Association	Write your nearest university's department of psychology	
Wisconsin Education Association Council	101 West Beltline Highway P. O. Box 8003 Madison, WI 53708 (608) 255-2971	
Wisconsin Federation of Teachers	2021 Atwood Avenue Madison, WI 53704 (608) 244-6877	
Wisconsin Psychological Association	121 South Hancock Street Madison, WI 53703 (608) 251-1450	
Wisconsin School Psychologists Association	815 West College Avenue Waukesha, WI 53186 (414) 542-5333	*The Wisconsin School Psychologist* (newsletter) Membership Directory

National Organizations	Address and Phone	Relevant Publications
American Educational Research Association	1230 17th Street, NW Washington, DC 20036 (202) 223-9485	*Educational Researcher* (journal) *Journal of Educational Research*
American Psychological Association	1200 17th Street, NW Washington, DC 20036 (202) 955-7600	*American Psychologist* (journal) *Casebook on Ethical Principles of Psychologists* *Computer Use in Psychology: A Directory of Software* *The Gifted and Talented: Development Perspectives* *Professional Psychology* (journal) *Professional School Psychology* (journal) *The School Psychologist* (newsletter) *Standards for Educational and Psychological Testing*

National Organizations (continued)	Address and Phone	Relevant Publications
Council for Exceptional Children	1920 Association Drive Reston, VA 20091 (703) 620-3660	*Exceptional Children* (journal) *Teaching Exceptional Children* (journal)
National Association of School Psychologists	1511 K Street, NW Washington, DC 20005 (202) 638-4750	*Best Practices in School Psychology* *Children's Needs* *Communique* (newsletter) *Professional Conduct Manual* *School Psychology Review* (journal) *Training, Field Placement, and Credentialing Standards*

Professional and Special Interest Organizations for School Psychologists

Academy of Dentistry for the Handicapped
1240 East Main Street
Springfield, OH 45503

Accrediting Council for Services for Mentally Retarded and Other Developmentally Disabled Persons
875 North Michigan Avenue
Chicago, IL 60611

Acoustical Society of America
335 East 45th Street
New York, NY 10010

Aid for the Adoption of Special Kids
Box 11212
Oakland, CA 94611

Alexander Graham Bell Association for the Deaf
3417 Volta Place, NW
Washington, DC 20007

American Academy for Cerebral Palsy
University Hospital School
Iowa City, IA 52240

American Academy for CP and Developmental Medicine
2315 Westwood Avenue, Box 11083
Richmond, VA 23230

American Academy of Crisis Interveners
1033 Linn Station Road
Louisville, KY 40223

American Academy of Ophthalmology and Otolaryngology
15 Second Street, SW
Rochester, MN 55591

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, IL 60204

American Academy on Mental Retardation
916 64th Avenue
Tacoma, WA 98424

American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304

American Association for Gifted Children
15 Gramercy Park
New York, NY 10003

American Association for Health, Physical Education, and Recreation
1201 16th Street, NW
Washington, DC 20036

American Association for Rehabilitation Therapy
P. O. Box 93
Little Rock, AR 72116

American Association for the Education of Severely and Profoundly Handicapped
1600 West Armory Way
Garden View Suite
Seattle, WA 98119

American Association of Psychiatric Clinics for Children
Fish Building, Room 1032
250 West 57th Street
New York, NY 10012

American Association of University Affiliated Programs
1100 17th Street, NW
Washington, DC 20036

American Association of Workers for the Blind
1151 K Street, NW, Suite 637
Washington, DC 20005

American Association on Mental Deficiency
1719 Kalorma Road, NW
Washington, DC 20009

American Bar Association, Commission on the Mentally Disabled
1800 M Street
Washington, DC 20036

American Brittle Bone Society
East Marlton Pike, Suite LL3
Cherry Hill, NJ 08034

American Cancer Society
219 East 42nd Street
New York, NY 10017

American Civil Liberties Union
84 Fifth Avenue
New York, NY 10011

American Coalition of Citizens with Disabilities
1346 Connecticut Avenue, NW
Washington, DC 20036

American Corrective Therapy Association
811 St. Margaret's Road
Chillicothe, OH 45601

American Council on Education
One Dupont Circle, NW
Washington, DC 20036

American Deafness and Rehabilitation Association
814 Thayer Avenue
Silver Spring, MD 20910

American Diabetes Association
18 East 48th Street
New York, NY 10017

American Diabetics Association
600 Fifth Avenue
New York, NY 10020

American Federation of Teachers, AFL-CIO
555 New Jersey Avenue, NW
Washington, DC 20001

American Foundation for the Blind
15 West 16th Street
New York, NY 10011

American Heart Association
44 East 23rd Street
New York, NY 10010

American Laryngological Association
566 First Avenue
New York, NY 10016

American Lung Association
1790 Broadway
New York, NY 10016

American Medical Association
535 North Dearborn Street
Chicago, IL 60610

American Occupational Therapy Association
251 Park Avenue South
New York, NY 10010

American Orthopsychiatric Association
1775 Broadway
New York, NY 10019

American Orthotic and Prosthetic Association
1444 North Street, NW
Washington, DC 20005

American Otological Society
222 Marshal Taylor Doctors Building
Jacksonville, FL 32207

American Physical Therapy Association
1156 15th Street, NW
Washington, DC 20005

American Printing House for the Blind
P. O. Box 6085
Louisville, KY 40206

American Psychological Association
1200 17th Street, NW
Washington, DC 20036

American Public Health Association
1015 18th Street, NW
Washington, DC 20036

American Rehabilitation Counseling Association of the American Personnel and Guidance Association
1607 New Hampshire Avenue, NW
Washington, DC 20009

American Rheumatism Association
1212 Avenue of the Americas
New York, NY 10036

American Schizophrenia Foundation
Box 160
Ann Arbor, MI 48107

American Speech and Hearing Association
9030 Old Georgetown Road
Washington, DC 20014

Anorexic Aid Society
P. O. Box 29461
Columbus, OH 43229

ARC Reprinter's Corporation
21 Northhampton Street
Buffalo, NY 14209

Arthritis Foundation
Suite 1101
3400 Peachtree Road, NE
Atlanta, GA 30326

Arts and the Handicapped
Box 2040
Grand Central Station
New York, NY 10017

Arts for the Handicapped National Committee
Suite 804
1701 K Street, NW
Washington, DC 10006

Association for Behavior Analysis
Department of Psychology
Western Michigan University
Kalamazoo, MI 49008

Association for Childhood Education International
11141 Georgia Avenue, Suite 200
Wheaton, MD 20902

Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, PA 15236

Association for Education and Rehabilitation of the Blind and Visually Impaired
206 North Washington Street, Suite 320
Alexandria, VA 22314

Association for Humanistic Psychology
325 Ninth Street
San Francisco, CA 94103

Association for Mentally Ill Children
12 West 12th Street
New York, NY 10003

Association for Persons with Severe Handicaps
7010 Roosevelt Way, NE
Seattle, WA 98115

Association for Rehabilitation Facilities
5530 Wisconsin Avenue
Washington, DC 20015

Association for the Advancement of Psychology
1200 17th Street, NW
Washington, DC 20036

Association for the Aid of Crippled Children
345 East 46th Street
New York, NY 10017

Association for the Care of Children's Health
3615 Wisconsin Avenue, NW
Washington, DC 20016

Association for the Education of the Visually Handicapped
919 Walnut, Fourth Floor
Philadelphia, PA 19107

Association for the Gifted (TAG)
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Association for the Help of Retarded Children
200 Park Avenue South
New York, NY 10003

Braille Circulating Library
2823 West Grace Street
Richmond, VA 23221

Bureau for Education of the Handicapped
Donohue Building
400 Sixth Street
Washington, DC 20202

Captioned Films for the Deaf Distribution Center
5034 Wisconsin Avenue, NW
Washington, DC 20016

Center for Law and Social Policy
1600 20th Street, NW
Washington, DC 20009

Center for Sickle Cell Anemia
College of Medicine
Howard University
520 W Street, NW
Washington, DC 20001

Center on Human Policy
Division of Special Education and Rehabilitation
Syracuse University
Syracuse, NY 13210

Child Abuse Source System Technological Institute
Room 3390
Northwestern University
Evanston, IL 60201

Child Welfare League of America Inc.
44 East 23rd Street
New York, NY 10010

Children's Defense Fund
1520 New Hampshire Avenue, NW
Washington, DC 20036

Clearinghouse on Programs and Research in Child Abuse and Neglect
Herner Company
2100 M Street, NW, Suite 316
Washington, DC 20037

Clearinghouse on the Handicapped
338 D South
Portal Building
Washington, DC 20201

Closer Look
National Information Center for the Handicapped
1201 16th Street, NW
Washington, DC 20036

Convention of American Instructors of the Deaf
5034 Wisconsin Avenue, NW
Washington, DC 20016

Cooperative Education Association
221 North La Salle Street
Chicago, IL 60601

Council for Children with Behavioral Disorders
1920 Association Drive
Reston, VA 22091

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Council for Exceptional Children
Governmental Relations Unit
1920 Association Drive
Reston, VA 22091

Council of Administrators of Special Education
1920 Association Drive
Reston, VA 22091

Council on Education of the Deaf
5034 Wisconsin Avenue, NW
Washington, DC 20016

Deafness Research Foundation
366 Madison Avenue
New York, NY 10017

Developmental Medicine and Child Neurology
American Academy for Cerebral Palsy
1255 New Hampshire Avenue, NW
Washington, DC 20036

Disability Rights Center
Suite 1124
1346 Connecticut Avenue, NW
Washington, DC 20036

Division for Children with Learning Disabilities
1920 Association Drive
Reston, VA 22091

Division for Early Childhood
1920 Association Drive
Reston, VA 22091

Division for the Blind and Physically Handicapped
Library of Congress
Washington, DC 20542

Division for the Visually Handicapped
1920 Association Drive
Reston, VA 22091

Division for the Physically Handicapped
1920 Association Drive
Reston, VA 22091

Division on Mental Retardation
1920 Association Drive
Reston, VA 22091

Down's Syndrome Congress
8509 Wagon Wheel Road
Alexandria, VA 22309

Easter Seal Research Foundation
National Easter Seal Society for
Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612

Epilepsy Foundation of America
1828 L Street, NW
Washington, DC 20036

Foundation for Child Development
345 East 46th Street
New York, NY 10017

Foundation for Exceptional Children
1920 Association Drive
Reston, VA 22091

Gifted Child Society
59 Glen Gray Road
Oakland, NJ 07436

Gifted Children's Resource Center
3923 Berryman Avenue
Los Angeles, CA 90066

Goodwill Industries of America
9200 Wisconsin Avenue
Washington, DC 20014

Heart and Lung Foundation
1025 Fifth Avenue
New York, NY 10028

Hemophilia Research
30 Broad Street
New York, NY 10004

Institute for the Study of Mental Retardation and Related Disabilities
University of Michigan
130 South First Street
Ann Arbor, MI 48108

International Society of Parents of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910

Jean Paiget Society
Willard Hall, Room 113
University of Delaware
Newark, DE 19716

International Council of Psychologists
4805 Regent Street
Madison, WI 53705

International Organization for the Education of the Hearing Impaired
3417 Volta Place
Washington, DC 20007

Joseph P. Kennedy, Jr. Foundation
Suite 510
719 13th Street, NW
Washington, DC 20005

Juvenile Diabetes Association
23 East 26th Street
New York, NY 10010

Leukemia Society
211 East 43rd Street
New York, NY 10017

March of Dimes
National Foundation
Division for Health Information and School Relations
1275 Mamaroneck Avenue
White Plains, NY 10605

Muscular Dystrophy Association of America
810 Seventh Avenue
New York, NY 10019

National Amputee Foundation
12-45 150th Street
Whitestone, NY 11357

National Association for Creative Children and Adults
8080 Springvalley Drive
Cincinnati, OH 45236

National Association for Ileitis and Colitis
295 Madison Avenue
New York, NY 10017

National Association for Mental Health
10 Columbia Circle, Suite 1300
New York, NY 10019

National Association for Music Therapy
Box 610
Lawrence, KS 66055

National Association for Retarded Citizens
2709 Avenue East
P. O. Box 6109
Arlington, TX 76010

National Association for the Education of Young Children
1834 Connecticut Avenue, NW
Washington, DC 20009

National Association for the Gifted
700 Prospect Avenue
West Orange, NJ 07052

National Association for the Visually Handicapped
3201 Balboa Street
San Francisco, CA 94121

National Association of Coordinators of State Programs for the Mentally Handicapped
2001 Jefferson Davis Highway
Arlington, VA 22202

National Association of Developmental Disabilities Council
Suite 203
1234 Massachusetts Avenue, NW
Washington, DC 20005

National Association of Hearing and Speech Action
814 Thayer Avenue
Silver Springs, MD 20910

National Association of Hearing and Speech Agencies
919 18th Street, NW
Washington, DC 20006

National Association of Private Residential Facilities for the Mentally Retarded
6269 Leesburg Pike
Falls Church, VA 22044

National Association of School Psychologists
Box 55
Southfield, MI 48037

National Association of Sheltered Workshops and Homebound Programs
1522 K Street, NW
Washington, DC 20005

National Association of Social Workers
2 Park Avenue
New York, NY 10016

National Association of State Directors of Special Education
Suite 6510 East
1201 16th Street, NW
Washington, DC 20036

National Association of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910

National Association of the Physically Handicapped
76 Elm Street
London, OH 43140

National Braille Association
85 Godwin Avenue
Midland Park, NJ 07432

National Braille Press
88 St. Stephen Street
Boston, MA 02115

National Center for a Barrier-Free Environment
8401 Connecticut Avenue
Washington, DC 20015

National Center for Law and the Deaf
Seventh and Florida Avenues, NE
Washington, DC 20002

National Center for the Law and the Handicapped
1235 North Eddy Street
South Bend, IN 46617

National Center on Educational Media and Materials for the Handicapped
Ohio State University
Columbus, OH 43210

National Clearinghouse for the Gifted and Talented
1920 Association Drive
Reston, VA 22091

National Committee for Multihandicapped Children
239 14th Street
Niagra Falls, NY 14303

National Committee for the Prevention of Child Abuse
111 East Wacker Drive, Suite 510
Chicago, IL 60601

National Consortium for Child Mental Health Services
3615 Wisconsin Avenue, NW
Washington, DC 20016

National Cystic Fibrosis Research Foundation
3379 Peachtree Road, NE
Atlanta, GA 30326

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612

National Education Association of the U.S.
1201 16th Street, NW
Washington, DC 20036

National Epilepsy League
116 South Michigan Avenue
Chicago, IL 60612

National Federation of the Blind
2652 Shasta Road
Berkeley, CA 94708

National Foundation for Infantile Paralysis
Box 2000
White Plains, NY 10602

National Genetics Foundation
250 West 57th Street
New York, NY 10019

National Hearing Aid Society
23261 Grand River Avenue
Detroit, MI 48219

National Hemophilia Foundation
25 West 39th Street
New York, NY 10018

National Information Center for Special Education Materials
University Park
University of Southern California
Los Angeles, CA 90007

National Instructional Materials Information System
Ohio State University
Columbus, OH 43210

National Kidney Foundation
116 East 27th Street
New York, NY 10016

National Medical Foundation for Eye Care
1100 17th Street, NW
Washington, DC 20036

National Multiple Sclerosis Society
2571 Park Avenue South
New York, NY 10010

National Paraplegia Foundation
333 North Michigan Avenue
Chicago, IL 60601

National Rehabilitation Association
1522 K Street, NW
Washington, DC 20005

National Society for Autistic Children
169 Tampa Avenue
Albany, NY 12208

National Society for Autistic Children Information and Referral Service
306 31st Street
Huntington, WV 25702

National Society for the Prevention of Blindness
79 Madison Avenue
New York, NY 10016

National Spina Bifida Association
3433 South Dearborn Street, Suite 708
Los Angeles, CA 90012

National Tay Sachs and Allied Diseases Association
122 East 42nd Street, Suite 3705
New York, NY 10017

National Technical Institute for the Deaf
Rochester Institute of Technology
Public Information Office
One Lamb Memorial Drive
Rochester, NY 14623

National Therapeutic Recreation Society
1700 Pennsylvania Avenue, NW
Washington, DC 20006

National Tuberous Sclerosis Association
P. O. Box 7726
Riverside, CA 92503

National Wheelchair Athletic Association
4024 62nd Street
Woodside, NY 11377

Orton Dyslexia Society
724 York Road
Baltimore, MN 21204

Parkinson's Disease Foundation
640 West 168th Street
New York, NY 10032

President's Committee on Employment of the Handicapped
U. S. Department of Labor
Washington, DC 20210

President's Committee on Mental Retardation
Room 2614
Regional Office Building #3
Seventh and D Streets, SW
Washington, DC 20201

Psychometric Society
Department of Psychology
University of North Carolina
Chapel Hill, NC 27514

Recording for the Blind
215 East 58th Street
New York, NY 10022

Registry of Interpreters for the Deaf
Box 1339
Washington, DC 20013

Seeing Eye Guide
Morristown, NJ 07960

Sex Information and Education Council of the United States
137-155 North Franklin Street
Hempstead, NY 11550

Society for Personality Assessment
1070 East Angeleno Avenue
Burbank, CA 91501

Society for Research in Child Development
University of Chicago Press
5801 Ellis Avenue
Chicago, IL 60637

Society for the Rehabilitation of the Facially Disfigured
550 First Avenue
New York, NY 10016

Spina Bifida Association of America
209 Shiloh Drive
Madison, WI 53705

Teletypewriters for the Deaf
2301 North Upton Street
Arlington, VA 22091

Tuberculosis Welfare League
155 First Avenue
New York, NY 10023

United Cerebral Palsy Association
66 East 34th Street
New York, NY 10016

United Ostomy Association
1111 Wilshire Boulevard
Los Angeles, CA 90017

We Are People First
P. O. Box 5208
Salem, OR 97304

Wisconsin Council for Gifted and Talented
3621 West Allerton Avenue
Greenfield, WI 53221

Wisconsin Education Association Council
101 West Beltline Highway
P. O. Box 8003
Madison, WI 53708

Appendix E

Wisconsin Department of Public Instruction Offices and Publications

Bureau for Pupil Services	266-2829
State Consultant for School Psychology ...	266-3584
Bureau for Exceptional Children	266-1781

Publications available from:

Publication Sales
Wisconsin Department of Public Instruction
P. O. Box 7841
Madison, WI 53707-7841
(608) 266-2188

Catalog of DPI Publications

Children At Risk: A Resource and Planning Guide (1986)

Dealing with Child Sexual Assault and Abuse: A Resource and Planning Guide (1986)

The EEN Triangle of Support: A Guide for Parents of the Learning Disabled (1987)

Instruction About AIDS in Wisconsin Schools (1988)

Suicide Prevention: A Resource and Planning Guide (1986)

Order the following publications from:

Division for Handicapped Children and Pupil Services
Wisconsin Department of Public Instruction
P. O. Box 7841
Madison, WI 53707-7841

Alcohol and Other Drug Program: School Grant Study (1987)

Exceptional Educational Needs Guidelines: Processes and Procedures for Wisconsin Educational Agencies (1985)

National Association of School Psychologists' Standards for the Provision of School Psychological Services

PREFACE

Purpose

The *Standards for the Provision of School Psychological Services* represent the position of the National Association of School Psychologists regarding the delivery of appropriate and comprehensive school psychological services. Similar to the original *Standards* published in 1978, this revision is intended to serve as a guide to the organization and delivery of school psychological services at the federal, state, and local levels. The *Standards* are meant to provide direction to school psychologists, students and trainers in school psychology, administrators of school psychological services, and consumers of school psychological services regarding "good practices" in professional school psychology. They also delineate what services might reasonably be expected to be available from most school psychologists, and thus should help to further define the field. In addition, they are intended to educate the profession and the public regarding appropriate professional practices, and they hopefully will stimulate the continued development of the profession. The ultimate goal of the *Standards* is to enhance and improve the human condition, particularly with regard to children.

A principle objective of the *Standards* is to inform policy and decision-makers of the major characteristics of comprehensive school psychological services. Thus, the first two sections of the document contain suggestions and recommendations for federal and state educational agencies regarding the school psychology profession. The third outlines responsibilities which should be assumed by organizations which employ school psychologists. The final section presents the resulting responsibilities of the individual school psychologist.

It is recognized that not all school psychologists nor school psychological service units will be able to meet every standard contained within this document. This fact particularly may be true with newer service delivery units and while these *Standards* are initially being disseminated. Nevertheless, it is anticipated that these guidelines will serve as a model of "good practice" for program development and professional practice on a federal, state, and local level.

It is anticipated that school psychologists will perceive that it is in their own best interest and that of the agencies, parents, and children they serve to adhere to and support these *Standards*. Likewise, it is hoped that state and federal legislators, local school boards, and the administrative leaders of federal, state, and local education agencies will support the concepts contained within these *Standards*. While it is acknowledged that the *Standards* set requirements for services not presently mandated by federal law or regulation, and not always mandated in state laws and administrative rules, it is intended that future amendments of such statutes and rules, and the state and local plans resulting from them, will incorporate the suggestions contained in this document. Furthermore, school psychological services are provided within the context of ethical and legal mandates. Nothing in these *Standards* should be construed as superceding such relevant rules and regulations.

The *Standards* provide flexibility in permitting agencies and professionals to develop procedures, policies, and administrative organization in ways which meet both the needs of the agency and the professional's desire to operate within recognized professional standards of practice. At the same time, the *Standards* have sufficient specificity to insure that services will be provided appropriately and adequately.

Development of the *Standards*

The *Standards* were officially adopted by the National Association of School Psychologists at the Executive Board/Delegate Assembly (EB/DA) meeting during the April, 1984, convention. Previously, they had been presented for a "first reading" at the October, 1983, EB/DA meeting.

In preparing the *Standards*, a number of relevant documents were carefully reviewed and many of the ideas contained in them were incorporated. These materials included NASP's *Standards for the Provision of School Psychological Services* (1978), *Resolution on Non-Biased Assessment* (1976), *Standards for Field Placement and Training Programs* (1983), *Principles for Professional Ethics*, and other draft documents being developed by NASP committees. Ideas from the *Specialty Guidelines for the Delivery of Services by School Psychologists* (1981) published by the American Psychological Association, and from a number of position papers and standards developed by state school psychology organizations were also incorporated. Furthermore, numerous ideas and suggestions proposed by the NASP membership over the past two years have been included.

In order to insure the input of NASP members and leadership in the preparation of the *Standards*, a lengthy development and review process was conducted. These procedures included a random survey of NASP members and the opportunity for every NASP member to provide input. Three separate drafts were distributed to the NASP leadership, practitioners, trainers, and school psychology supervisors. Written comments on these drafts were received from numerous persons. Every comment was thoughtfully and carefully considered, and most of these ideas were incorporated into the final version.

ACKNOWLEDGEMENTS

Several persons deserve specific mention as a result of their involvement in the development of these *Standards*. We would like to acknowledge the support of Stuart N. Hart, NASP President 1982-83, who initially asked us to revise the *Standards*. His encouragement was especially appreciated. John C. Brantley and Reid Johnson, who were chairs of the Professional Standards and Practice Network during 1982-83, helped us to organize and conceptualize our ideas as we undertook this project. W. Alan Coulter and Michael J. Curtis, NASP President and PSER Chair respectively during 1983-84, are also acknowledged for their assistance and support. We also wish to recognize those who authored the 1978 *Standards* as many of the ideas embodied in that document continue to be incorporated in the revised *Standards*.

Most importantly, we wish to thank the numerous NASP members, delegates, directors, officers, committee chairs, and managers who reviewed the various drafts and provided feedback and many suggestions which have been incorporated into the document. As a result of the input we received from so many individuals, this document can truly be viewed as reflecting the position of the Association.

The Delegate Assembly has agreed to disseminate a copy of these *Standards* to every member of NASP in order to stimulate adoption of the suggestions contained therein. As a result, we hope that the impact of the *Standards* will be substantial.

The National Association of School Psychologists encourages thoughtful reactions and suggestions from its members, the public, other psychologists and educators, and the profession with regard to these *Standards*.

STANDARDS
FOR
THE PROVISION OF SCHOOL PSYCHOLOGICAL SERVICES

1.0 Definitions

1.1 A *School Psychologist* is a professional psychologist who has met all requirements for credentialing as stipulated in the appropriate NASP standards. The credential is based upon the completion of a school psychology training program which meets the criteria specified in the NASP *Standards for Training and Field Placement Programs in School Psychology.*

1.2 A *Supervising School Psychologist* is a professional psychologist who has met all NASP requirements for credentialing, has completed three years of successful supervised experience as a school psychologist, and who has been designated by an employing agency as a supervisor responsible for school psychological services in the agency.

1.3 *Parent(s),* as used in these *Standards,* includes both biological parent(s) and/or legal guardian(s).

2.0 Standards for Administrative Agencies

The purpose of this section of the standards is to provide guidance to federal and state administrative agencies in regard to administrative organization, possible legal, and regulations as they pertain to the provision of school psychological services.

2.1 Federal Level Administrative Agency

2.1.1 Organization

The federal education agency should employ a supervising school psychologist in order to accomplish the following objectives:

2.1.1.1 To provide professional leadership and assistance to the federal education agency, state education agencies, and the school psychology profession in regard to standards, policies, and procedures for program delivery, and for utilization, funding, education and training, and inservice education of school psychological services personnel.

2.1.1.2 To participate in the administration of federal programs providing funding for school psychological services in state, intermediate, and local education agencies, and for the education and training of school psychologists.

2.1.1.3 To encourage and assist in evaluation, research, and dissemination activities; to determine the effectiveness of school psychological education, training, and service programs; to determine needed changes; and to identify and communicate exemplary practices to training and service units.

2.1.1.4 To assure that consistent communication is established and maintained among professional organizations, federal, state, and local education agencies, and university training programs involved in providing and developing school psychological services.

2.1.2 Laws

2.1.2.1 The Congress of the United States should ensure that the rights of all parents and children are protected by the creation and modification of laws which provide for the services of school psychologists. These services include, but are not limited to, consultation, assessment, and intervention for individuals, groups, and systems. These services are available to all children, their families, and school personnel.

2.1.2.2 The Congress should ensure that school psychological services are provided in a free and appropriate manner to all children, their families, and school personnel in need of such services.

2.1.2.3 The Congress should ensure that federal laws recognize the appropriate involvement of school psychologists in educational programs and that adequate federal funding is made available for the education, training, services, and continuing professional development of school psychologists in order to guarantee appropriate and effective services.

2.1.2.4 The Congress should create no laws which effectively prohibit the credentialed school psychologist from the ethical and legal practice of his/her profession in the public or private sector, or which would be in violation of these standards.

2.1.3 Regulations

2.1.3.1 All federal agencies should utilize the services of the federal educational agency school psychologist in developing and implementing regulations pursuant to all relevant federal laws.

2.1.3.2 All federal agencies should seek the advice and consultation of the National Association of School Psychologists prior to the adoption of regulations pursuant to any federal law which involves or should reasonably involve the profession of school psychology.

2.1.3.3 Federal agencies should promulgate regulations consistent with the principles set forth in these *Standards* and the NASP *Principles for Professional Ethics.*

2.2 State Level Administrative Agencies

2.2.1 Organization

Each state educational agency (SEA) should employ at least one full-time supervising school psychologist for each 500 (or fewer) school psychologists within the state. An equivalent ratio should be maintained if there are more than 500 school psychologists. It is recognized that this ratio may vary based upon administrative structures, available resources, and types of programs served. Appropriate objectives to be accomplished by the SEA school psychologist(s) include the following:

2.2.1.1 To provide professional leadership assistance to the SEA, local educational agencies, and the profession with regard to standards, policies, and procedures for school psychology program delivery.

2.2.1.2 To support the utilization, funding, education, training, and inservice education of school psychologists.

2.2.1.3 To participate in the administration of state and federal programs providing funding for school psychological services in intermediate and local educational agencies, and for the education and training of school psychologists.

2.2.1.4 To encourage and assist in evaluation, research, and dissemination activities to determine the effectiveness of school psychological education, training, and service programs; to determine needed changes; and to identify and communicate exemplary practices to training and service units.

2.2.1.5 To maintain communication with and assure the input of state school psychological associations into the policy making of the SEA.

2.2.1.6 To communicate with the federal education agency school psychologist to ensure recognition of state issues and to facilitate input into federal policy.

2.2.2 Laws

2.2.2.1 All state legislative bodies should ensure that the rights of parents and children are protected by the creation and modification of laws which provide for the services of school psychologists. These services include, but are not limited to, consultation for individuals, groups, and systems, assessment, and intervention. These services are available to all children, their families, and school personnel.

2.2.2.2 The state legislature should ensure that school psychological services are provided in a free and appropriate way to all children, their families, and school personnel in need of such services.

2.2.2.3 The state legislature should ensure that state laws recognize the appropriate involvement of school psychologists in educational programs.

2.2.2.4 The state legislature should ensure that adequate funding is made available for the education, training, services, and continuing professional development of school psychologists in order to guarantee appropriate and effective services.

2.2.2.5 The state legislature should ensure that state laws provide for the credentialing of school psychologists consistent with NASP standards.

2.2.2.6 The state legislature should create no laws which prohibit the school psychologist from the ethical and legal practice of his/her profession in the public or private sector, or that prevent the school psychologist from practicing in a manner consistent with these *Standards*.

2.2.2.7 The state legislature should ensure that there are sufficient numbers of adequately prepared and credentialed school psychologists to provide services consistent with these *Standards*. In most settings, this will require at least one full-time school psychologist for each 1,000 children served by the LEA, with a maximum of four schools served by one school psychologist. It is recognized that this ratio may vary based upon the needs of children served, the type of program served, available resources, distance between schools, and other unique characteristics.

2.2.3 Regulations

2.2.3.1 All state agencies should utilize the services of the SEA school psychologist(s) in developing and implementing administrative rules pursuant to all relevant state laws, federal laws, and regulations.

2.2.3.2 All state agencies should seek the advice and consultation of the state school psychologists' professional association prior to the adoption of rules pursuant to any state law, federal law, or regulation which involves or should reasonably involve the profession of school psychology.

2.2.3.3 All state education agencies should utilize the servics of the SEA school psychologist(s) in the SEA review and approval of school psychology training programs.

2.2.3.4 All state education agencies should utilize the services of the SEA school psychologist(s) in developing and implementing administrative rules for credentialing school psychologists. Such rules shall be consistent with NASP *Credentialing Standards*.

2.2.3.5 State education agencies should promulgate regulations consistent with the principles set forth in these *Standards* and the NASP *Principles for Professional Ethics*.

3.0 Standards for Employing Agencies

The purpose of these standards is to provide employing agencies with specific guidance regarding the organization, policies, and practices needed to assure the provision of adequate school psychological services.

3.1 Comprehensive Continuum of Services.

Employing agencies assure that school psychological services are provided in a coordinated, organized fashion, and are deployed in a manner which ensures the provision of a comprehensive continuum of services as outlined in Section 4.0 of these *Standards*. Such services are available to all students served by the agency and are available to an extent sufficient to meet the needs of the populations served.

3.2 Professional Evaluation, Supervision, and Development

3.2.1 Supervision.

Employing agencies assure that an effective program of supervision and evaluation of school psychological services exists. School psychologists are responsible for the overall development, implementation, and professional supervision of school psychological service programs, and are responsible for articulating those programs to others in the employing agency and to the agency's constituent groups.

3.2.2 Supervisor(s).

The school psychological services program is supervised by a designated school psychologist who meets the requirements for a supervising school psychologist (Section 1.2) and who demonstrates competencies needed for effective supervision.

3.2.3 Availability of Supervision.

Supervision is available to all school psychologists to an extent sufficient to ensure the provision of effective and accountable services (see Section 4.6 for specific requirements). In most cases, one supervising school psychologist should be employed for every ten school psychologists to be supervised (an equivalent ratio should be maintained for part-time supervisors). It is recognized that this ratio may vary based upon the type of program served, staff needs, and other unique characteristics.

3.2.4 Intern Supervision.

A credentialed school psychologist meeting the requirements of a supervising school psychologist, with at least one year of experience at the employing agency, supervises no more than two school psychology interns at any given time (consistent with the NASP *Standards for Training and Field Placement Programs in School Psychology*).

3.2.5 Peer Review.

After attaining independent practice status (See Section 4.5), school psychologists continue to receive appropriate supervision. The independent practitioner should also engage in peer review with other school psychologists. Peer review involves mutual assistance with self-examination of services and the development of plans to continue professional growth and development. Employing agencies assure that school psychologists are given appropriate time and support for peer review activities.

3.2.6 Accountability and Program Evaluation.

Employing agencies assure that school psychologists develop a coordinated plan for accountability and evaluation of all services provided in order to maintain and improve the effectiveness of services. Such plans include specific, measurable objectives pertaining to the planned effects of services on all relevant elements of the system. Evaluation and revision of these plans occurs on a regular basis.

3.2.7 Continuing Professional Development.
Employing agencies recognize that school psychologists are obligated to continue their professional training and development through participation in a recognized Continuing Professional Development (CPD) program (see Section 4.6). Employing agencies provide release time and financial support for such activities. They recognize documented continuing professional development activities in the evaluation and advancement of school psychologists. Private practitioners who contract to provide services are responsible for their own CPD program, and these activities should also be encouraged by employing agencies.

3.3 Conditions for Effective Service Delivery
In order to assure that employment conditions enable school psychologists to provide effective services, employing agencies adopt policies and practices ensuring that Sections 3.3.1 through 3.3.4 are met.

3.3.1 School psychologists are not subjected to administrative constraints which prevent them from providing services in full accordance with these *Standards* and the NASP *Principles for Professional Ethics*. When administrative policies conflict with these *Standards* or the NASP *Ethics*, the principles outlined in the *Standards* or *Ethics* take precedence in determining appropriate practices of the school psychologist.

3.3.2 School psychologists have appropriate input into the general policy making of the employing agency and the development of programs affecting the staff, students, and families they serve.

3.3.3 School psychologists have appropriate professional autonomy in determining the nature, extent, and duration of services they provide. Specific activities are defined within the profession, although school psychologists frequently collaborate and seek input from others in determining appropriate service delivery. Legal, ethical, and professional standards and guidelines are considered by the practitioner in making decisions regarding practice (see Section 4.4).

3.3.4 School psychologists have access to adequate clerical assistance, appropriate professional work materials, sufficient office and work space, and general working conditions that enhance the delivery of effective services. Included are test materials, access to a private telephone and office, secretarial services, therapeutic aids, professional literature (books, journals), and so forth.

3.4 Contractual Services
It is recognized that employing agencies may obtain school psychological services on a contractual basis in order to ensure the provision of adequate services to all children. However, each student within the educational system must be assured the full range of school psychological services necessary to maximize his/her success and adjustment in school. When an employing agency utilizes contractual services, the following standards are observed.

3.4.1 Contractual school psychological services encompass the same comprehensive continuum of services as that provided by regularly employed school psychologists. Overall, psychological services are not limited to any specific type of service and include opportunities for follow-up and continuing consultation appropriate to the needs of the student. Individual contracts for services may be limited as long as comprehensive services are provided overall.

3.4.2 Persons providing contractual psychological services are fully credentialed school psychologists as defined by these *Standards*. In specific instances, however, services by psychologists in other specialty areas (e.g., clinical, industrial/organizational) might be used to supplement school psychological services.

3.4.3 Contractual school psychological services are not to be utilized as a means to decrease the amount and quality of school psychological services provided by an employing agency. They may be used to augment programs but not to supplant them.

3.4.4 School psychologists providing contractual services are given appropriate access and information. They are familiar with the instructional resources of the employing agency to ensure that students they serve have the same opportunities as those served by regularly employed school psychologists.

3.4.5 Contractual school psychological services are provided in a manner which protects the due process rights of students and their parents as defined by state and federal laws and regulations.

3.4.6 Contracting for services is not to be used as a means to avoid legitimate employee rights, wages, or fringe benefits.

3.4.7 Psychologists providing contractual school psychological services provide those services in a manner consistent with these *Standards*, NASP *Principles for Professional Ethics*, and other relevant professional guidelines and standards.

3.5 Non-Biased Assessment and Program Planning
Employing agencies should adopt policies and practices in accordance with the following standards:

3.5.1 General Principles

3.5.1.1 School psychologists use assessment techniques to provide information which is helpful in maximizing student achievement and educational success.

3.5.1.2 School psychologists have autonomous decision-making responsibility (as defined in Section 4.4) to determine the type, nature, and extent of assessment techniques they use in student evaluation.

3.5.1.3 School psychologists have autonomy (as defined in Section 4.4) in determining the content and nature of reports.

3.5.1.4 School psychologists use assessment techniques and instruments which have established validity and reliability for the purposes and populations for which they are intended.

3.5.1.5 School psychologists use, develop, and encourage assessment practices which increase the likelihood of the development of effective educational interventions and follow-up.

3.5.2 Professional Involvement

3.5.2.1 A multidisciplinary team is involved in assessment, program decision-making, and evaluation. The team conducts periodic evaluations of its performance to ensure continued effectiveness.

3.5.2.2 The multidisciplinary team includes a fully trained and certified school psychologist.

3.5.2.3 The school psychologist communicates a minority position to all involved when in disagreement with the multidisciplinary team position.

3.5.3 Non-Biased Assessment Techniques

3.5.3.1 Assessment procedures and program recommendations are chosen to maximize the student's opportunities to be successful in the general culture, while respecting the student's ethnic background.

3.5.3.2 Multifaceted assessment batteries are used which include a focus on the student's strengths.

3.5.3.3 Communications are held in the client's dominant spoken language or alternative communication system. All student information is interpreted in the context of the student's socio-cultural background and the setting in which s/he is functioning.

3.5.3.4 Assessment techniques (including computerized techniques) are used only by personnel professionally trained in their use and in a manner consistent with these *Standards*.

3.5.3.5 School psychologists promote the development of objective, valid, and reliable assessment techniques.

3.5.3.6 Interpretation of assessment results is based upon empirically validated research.

3.5.4 Parent/Student Involvement

3.5.4.1 Informed written consent of parent(s) and/or student (if the student has reached the age of majority) is obtained before assessment and special program implementation.

3.5.4.2 The parent(s) and/or student is fully informed of all essential information considered and its relevancy to decision-making.

3.5.4.3 The parent(s) and/or student is invited to participate in decision-making meetings.

3.5.4.4 The parent(s) and/or student is routinely notified that an advocate can participate in conferences focusing on assessment results and program recommendations.

3.5.4.5 A record of meetings regarding assessment results and program recommendations is available to all directly concerned.

3.5.5 Educational Programming and Follow-Through

3.5.5.1 School psychologists are involved in determining options and revisions of educational programs to ensure that they are adaptive to the needs of students.

3.5.5.2 The contributions of diverse cultural backgrounds should be emphasized in educational programs.

3.5.5.3 School psychologists follow-up on the efficacy of their recommendations.

3.5.5.4 Student needs are given priority in determining educational programs.

3.5.5.5 Specific educational prescriptions result from the assessment team's actions.

3.5.5.6 Where a clear determination of the student's needs does not result from initial assessment, a diagnostic teaching program is offered as part of additional assessment procedures.

3.5.5.7 Regular, systematic review of the student's program is conducted and includes program modifications as necessary.

3.6 School Psychological Records

3.6.1 The employing agency's policy on student records is consistent with state and federal rules and laws, and ensures the protection of the confidentiality of the student and his/her family. The policy specifies the types of data developed by the school psychologist which are classified as school or pupil records.

3.6.2 Parents may inspect and review any personally identifiable data relating to their child which were collected, maintained, or used in his/her evaluation. Although test protocols are part of the student's record, school psychologists protect test security and observe copyright restrictions.

3.6.3 Access to psychological records is restricted to those permitted by law who have legitimate educational interest in the records.

3.6.4 School psychologists interpret school psychological records to non-psychologists who qualify for access.

3.6.5 School psychological records are only created and maintained when the information is necessary and relevant to legitimate educational program needs and when parents (or student if age of majority has been attained) have given their informed consent for the creation of such a record. This consent is based upon full knowledge of the purposes for which information is sought, and the personnel who will have access to it. The school psychologist assumes responsibility for assuring the accuracy and relevancy of the information recorded.

3.6.6 School psychological records are systematically reviewed, and when necessary purged, in keeping with relevant federal and state laws in order to protect children from decisions based on incorrect, misleading, or out-of-date information.

4.0 Standards for the Delivery of Comprehensive School Psychological Services

The purpose of these standards is to ensure the delivery of comprehensive services by school psychologists.

4.1 Organization of School Psychological Services

4.1.1 School psychological services are planned, organized, directed, and reviewed by school psychologists.

4.1.2 School psychologists participate in determining the recipients and the type of school psychological services offered.

4.1.3 The goals and objectives of school psychological services are available in written form.

4.1.4 A written set of procedural guidelines for the delivery of school psychological services is followed and made available upon request.

4.1.5 A clearly stated referral system is in writing and is communicated to parents, staff members, students, and other referral agents.

4.1.6 The organization of school psychological services is in written form and includes lines of responsibility, supervisory, and administrative relationships.

4.1.7 Where two or more school psychologists are employed, a coordinated system of school psychological services is in effect within that unit.

4.1.8 Units providing school psychological services include sufficient professional and support personnel to achieve their goals and objectives.

4.2 Relationship to Other Units and Professionals

4.2.1 The school psychological services unit is responsive to the needs of the population that it serves. Psychological services are periodically and systematically reviewed to ensure their conformity with the needs of the population served.

4.2.2 School psychologists establish and maintain relationships with other professionals (e.g., pediatricians, bilingual specialists, audiologists) who provide services to children and families. They collaborate with these professionals in prevention, assessment, and intervention efforts as necessary. They also cooperate with advocates representing children and their families.

4.2.3 Providers of school psychological services maintain a cooperative relationship with colleagues and coworkers in the best mutual interests of clients, in a manner consistent with the goals of the employing agency. Conflicts should be resolved in a professional manner.

4.2.4 School psychologists develop plans for the delivery of services in accordance with best professional practices.

4.2.5 School psychologists employed within a school setting coordinate the services of mental health providers from other agencies (such as community mental health centers, child guidance clinics, or private practitioners) to ensure a continuum of services.

4.2.6 School psychologists are knowledgeable about community agencies and resources. They provide liaison and consulting services to the community and agencies regarding psychological, mental health, and educational issues.

4.2.6.1 School psychologists communicate as needed with state and community agencies and professionals (e.g., child guidance clinics, community mental health centers, private practitioners) regarding services for children, families, and school personnel. They refer clients to these agencies and professionals as appropriate.

4.2.6.2 School psychologists are informed of and have the opportunity to participate in community agency staffings of cases involving their clients.

4.2.6.3 Community agency personnel are invited to participate in school system conferences concerning their clients (with written parental permission).

4.3 Comprehensive School Psychological Service Delivery

School psychologists provide a range of services to their clients. These consist of direct and indirect services which require involvement with the entire educational system: (a) the students, teachers, administrators, and other school personnel; (b) the families, surrogate caretakers, and other community and regional agencies, and resources which support the educational process; (c) the organizational, physical, temporal, and curricular variables which play major roles within the system; and (d) a variety of other factors which may be important on an individual basis.

The intent of these services is to promote mental health and facilitate learning. Comprehensive school psychological services are comprised of diverse activities. These activities compliment one another and therefore are most accurately viewed as being integrated and coordinated rather than discrete services. However, for descriptive purposes, they will be listed and described separately. The following are the services that comprise the delivery system.

4.3.1 Consultation

4.3.1.1 School psychologists consult and collaborate with parents, school, and outside personnel regarding mental health, behavioral, and educational concerns.

4.3.1.2 School psychologists design and develop procedures for preventing disorders, promoting mental health and learning, and improving educational systems.

4.3.1.3 School psychologists provide inservice and other skill enhancement activities to school personnel, parents, and others in the community, regarding issues of human learning, development, and behavior.

4.3.1.4 School psychologists develop collaborative relationships with their clients and involve them in the assessment, intervention, and program evaluation procedures.

4.3.2 Psychological and Psychoeducational Assessment

4.3.2.1 School psychologists conduct multifactored psychological and psychoeducational assessments of children and youth as appropriate.

4.3.2.2 Psychological and psychoeducational assessments include consideration as appropriate of the areas of personal-social adjustment, intelligence-scholastic aptitude, adaptive behavior, language and communication skills, academic achievement, sensory and perceptual-motor functioning, environmental-cultural influences, and vocational development, aptitude, and interests.

4.3.2.3 School psychologists utilize formal instruments, procedures, and techniques. Interviews, observations, and behavioral evaluations are included in these procedures.

4.3.2.4 When conducting psychological and psychoeducational assessments, school psychologists have explicit regard for the context and setting in which their assessments take place and will be used.

4.3.2.5 School psychologists adhere to the NASP resolutions regarding non-biased assessment and programming for all students (see Section 3.5.3). They also are familiar with and consider the *Standards for Educational and Psychological Tests* (developed by APA, AERA, and NCME) in the use of assessment techniques.

4.3.3 Interventions

4.3.3.1 School psychologists provide direct and indirect interventions to facilitate the functioning of individuals, groups, and/or organizations.

4.3.3.2 School psychologists design programs to enhance cognitive, affective, social, and vocational development.

4.3.3.3 School psychologists facilitate the delivery of services by assisting those who play major roles in the educational system (i.e., parents, school personnel, community agencies). Such interventions consist of but are not limited to: inservice training, organization development, parent counseling, program planning and evaluation, vocational development, and parent education programs.

4.3.4 Supervision

School psychologists provide and/or engage in supervision and continuing professional development as specified in Sections 3.2 and 4.6.

4.3.5 Research

4.3.5.1 School psychologists design, conduct, report, and utilize the results of research of a psychological and educational nature. All research conducted is in accordance with relevant ethical guidelines of the profession (e.g., APA *Ethical Principles in the Conduct of Research with Human Participants*).

Applied and/or basic research should be pursued, focusing on:

(a) Psychological functioning of human beings;
(b) Psycho-educational assessment tools and procedures;
(c) Educational programs and techniques applied to individual cases and groups of various sizes;
(d) Educational processes;
(e) Social system interactions and organizational factors associated with school communities; and
(f) Psychological treatments and techniques applied to individual cases or groups.

4.3.5.2 School psychologists' involvement in research can range from support or advisory services to having direct responsibility for one or more major components of a research project. These components may include planning, data collecting, data analyzing, disseminating, and translating research into practical applications within the school community.

4.3.6 Program Planning and Evaluation

4.3.6.1 School psychologists provide program planning and evaluation services to assist in decision-making acitvities.

4.3.6.2 School psychologists serve on committees responsible for developing and planning educational and educationally-related activities.

4.4 Autonomous Functioning

School psychologists have professional autonomy in determining the nature, scope, and extent of their specific services. These activities are defined within the profession, although school psychologists frequently collaborate with and seek input from others in determining appropriate service delivery. Legal, ethical, and professional standards and guidelines are considered by the practitioner in making decisions regarding practice. All practice is restricted to those areas in which the school psychologist has received formal training and supervised experience.

4.4.1 Professional Responsibility and Best Practices

Professional autonomy is associated with professional responsibility. The ultimate responsibility for providing appropriate comprehensive school psychological services rests with the individual practitioner.

While being cognizant of the fact that there often are not explicit guidelines to follow in providing comprehensive school psychological services, the individual practitioner has a responsibility to adhere to the best available and most appropriate standards of practice. There is no substitute for sensitive, sound, professional judgment in the determination of what constitutes best practice. Active involvement in supervision and other continuing professional development activities will assist the practitioner in adhering to best professional practices.

4.5 Independent Practice

A credentialed school psychologist who has completed a school psychology training program which meets the criteria specified in the NASP *Standards for Training and Field Placement Programs in School Psychology* and three years of satisfactory supervised experience is considered qualified for independent practice, regardless of work setting.

4.6 Continuing Professional Development

The practice of school psychology has and will continue to undergo significant changes as new knowledge and technological advances are introduced. The development of new intervention techniques, assessment procedures, computerized assistance, and so forth, will require that practitioners keep abreast of these innovations as well as obtain appropriate professional education and training in these areas. All school psychologists actively participate and engage in activities designed to continue, enhance, and upgrade their professional training and skills and to help ensure quality service provision. These efforts are documented by participation in the NASP or other formal Continuing Professional Development (CPD) programs, although they are not limited to such activities. Memberships in professional organizations, reading of professional journals and books, discussions of professional issues with colleagues, and so forth, are also an integral component of a school psychologist's overall CPD activities.

4.6.1 Participation in CPD activities and the maintenance of high professional standards and practice are continuing obligations of the school psychologist. These obligations are assumed when one initially engages in the practice of school psychology and should be required for continued credentialing.

4.6.2 School psychologists receive supervision by a supervising school psychologist for the first three years of full-time employment (or the equivalent) as a school psychologist. The supervisor shares professional responsibility and accountability for the services provided. While the level and extent of supervision may vary, the supervisor maintains a sufficiently close relationship to meet this standard. Individual face-to-face supervision is engaged in for a minimum of one hour per week or the equivalent (e.g., two hours bi-weekly). Standards for intern supervision are contained in the NASP *Standards for Training and Field Placement Programs in School Psychology.*

4.6.3 After completion of the first three years of supervision, all school psychologists continue to engage in supervision and/or peer review on a regular basis, and further their professional development by actively participating in CPD activities. The level and extent of these activities may vary depending on the needs, interests, and goals of the school psychologist, with more comprehensive service delivery requiring more extensive related professional exchanges. At a minimum, however, these activities are at the level required for successful participation in an appropriate CPD program.

4.6.4 School psychologists, who after three years no longer have supervision available, engage in peer review activities. These may include discussions of cases and professional issues designed to assist with problem solving, decision-making, and appropriate practice.

4.6.5 School psychologists readily seek additional consultation with supervisors, peers, or colleagues with particularly complex or difficult cases, and/or when expanding their services into new areas or those in which they infrequently practice (e.g., low incidence assessment).

4.7 Accountability

4.7.1 School psychologists perform their duties in an accountable manner by keeping records of these efforts, evaluating their effectiveness, and modifying their practices and/or expanding their services as needed.

4.7.2 School psychologists devise systems of accountability and outcome evaluation which aid in documenting the effectiveness of intervention efforts and other services they provide.

4.7.3 Within their service delivery plan, school psychologists include a regular evaluation of their progress in achieving goals. This evaluation should include consideration of the cost effectiveness of school psychological services in terms of time, money, and resources, as well as the availability of professional and support personnel. Evaluation of the school psychological delivery system is conducted internally, and when possible, externally as well (e.g., through state educational agency review, peer review). This evaluation includes an assessment of effectiveness, efficiency, continuity, availability, and adequacy of services.

4.7.4 School psychologists are accountable for their services. They should make information available about their services, and provide consumers with the opportunity to participate in decision-making concerning such issues as initiation, termination, continuation, modification, and evaluation of their services. Rights of the consumer should be taken into account when performing these activities.

4.8 Private Practice

4.8.1 School psychologists practicing in the private sector provide comprehensive services and adhere to the same standards and guidelines as those providing services in the public sector.

4.8.2 School psychologists document that they have formal training, supervised experience, licensure and/or certification, and demonstrated competence, in any areas of service they intend to deliver to clients within the private sector. They also have a responsibility to actively engage in CPD activities.

4.8.3 School psychologists in private practice adhere to the NASP *Principles for Professional Ethics,* and practice only within their areas of competence. If the services needed by clients fall outside the school psychologist's areas of competence, they are referred elsewhere for assistance.

4.8.4 It is the responsibility of the school psychologist engaging in private practice to inform the client that school psychological services are available without charge from the client's local school district.

4.8.5 School psychologists do not provide services on a private basis to students residing within their employing district who would be eligible to receive the services without charge. This includes students who are attending non-public schools located in the district.

4.8.6 School psychologists offering school psychological services in the private sector ensure that, prior to the commencement of treatment/services, the client fully understands any and all fees associated with the services, and any potential financial assistance that may be available (i.e., third-party reimbursement).

4.8.7 Parents must be informed by the school psychologist that if a private school psychological evaluation is to be completed, this evaluation constitutes only one portion of a multidisciplinary team evaluation. Private services must be equally comprehensive to those described in Section 4.3.

4.8.8 School psychologists in private practice provide and maintain written records in a manner consistent with Section 3.6.

4.9 Professional Ethics and Guidelines

Each school psychologist practices in full accordance with the NASP *Principles for Professional Ethics*, and these *Standards*.

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